2nd·NOTICE:

Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount

Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$103.76 Corporation Supplemental Fee + \$385.00 Late Fee \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Malling Address of Limited Liability Company

DOCUMENT #_{M9600000288}

HINTINGTON MERCHANT SERVICES

FILED

97 OCT 20 PM 1: 19

SECRETARY OF STATE TALLAHASSEE FLORIDA

1a. Principal Place of Business Address

| | | | | 265 BROAD HOLLOW ROAD | | | | |
|---|----------------------------------|---|---|---|----------------------------------|------|--|---------------------|
| MELVILLE NY 11747 | | | | MELVILLE NY 11747 | | | | |
| If above mailing address is | incorrect in any way, line throu | igh incorrect information and enter cor | rrection in Block 2a. | 500002 -10/2 | 23261956 1/9701088002 | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Organized or Qualified | "3a. Slate of Formation | | | |
| Suite, Apt. #, etc. | ب استخبیت است | Solo NEN No | rthside Dr | 08/02/1996 | DE | | | |
| SAM | E | SUITE 1400 |) | 4. FEI Number | Applied For | | | |
| City & State | | City & State | | 11-3328074 | Not Applicable | | | |
| | | ARANTA GA | | 5. Date of Last Report | 6. Certificate of Status Desired | | | |
| Žip * | Country | Zip 3032 X Count | isA |] ` ` | \$8.75 Additional Fee Required | | | |
| 7. Name and Address of Current Registered Agent | | | | 8. Name and Address of New Registered Agent | | | | |
| CORPORATION SERVICE , COMPANY 1201 HAYS STREET FALLAHASSEE FL 32301 | | | Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. | | | | | |
| | | | | | | | | Suite, Apt. #, etc. |
| | | | | | | City | | Zħp Code |
| | | | ł | FL | .[. | | | |

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

| SIGNATURE | | | | DATE | |
|-----------|--|-------|---|----------|--|
| | (Registered Agent Accepting Appointment) | (NOTE | Registered Agent signature required when reinstating) | | |

10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 265 BROAD HOLLOW ROAD MELVILLE NY MGR LOCURTO, JOSEPH MELVILLE NY MGR SCHIMENZ, ROBERT 265 BROAD HOLLOW ROAD 7575 HUNTINGTON PARK DRIVE COLUMBUS OH GOYER, APRIL T MGR COLUMBUS OH 7575 HUNTINGTON PARK DRIVE SEIFFERT, DONALD MGR 7575 HUNTINGTON PARK DRIVE WORTHINGTON, OH 43235 MGR HUNTINGTON BANCSHARES INC. FIRST DATA MERCHANTS SERVICES 5660 NEW NORTHSIDE DR. ATLANTA, GA 30328 MGR CORPORATION OK to add "Huntington" +
"Frist" per J. Denbowek

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

pemooner,