2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000288

1. Entity Name

HUNTINGTON MERCHANT SERVICES, L.L.C.

FILED
00 APR 10 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5660 NEW NORTHSIDE DRIVE SUITE 1400 ATLANTA GA 30328	5660 NEW NORTHSIDE DRIVE SUITE 1400 ATLANTA GA 30328-5825

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 5660 New Northside Dr
Suite, Apt. #, etc.: Suite 1400
City & State: Atlanta, GA
Zip: 30328 Country: USA

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 11-3328074 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	MEM	☐ Delete
NAME	HUNINGTON BANCSHARES, INC.	
STREET ADDRESS	7575 HUNTINGTON PARK DRIVE	
CITY-ST-ZIP	WORTHINGTON OH 43235	
TITLE *	MGRM	☐ Delete
NAME	FIRST DATA MERCHANT SERVICES CORPORATION	
STREET ADDRESS	5660 NEW NORTHSIDE DR., #1400	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
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TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		☐ Change ☐ Addition
NAME	900003224109--4	
STREET ADDRESS	-04/26/00--01009--015	
CITY-ST-ZIP	*****50.00 *****50.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	dcc	

CR2E083 (9/99)

11. I 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 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.

SIGNATURE: SIGNATURE REQUIRED Jerry P. Dembowski, Assistant Treas. 3/29/00 770-857-7248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

* First Data Merchant Services Corp. is the tax manager member of the LLC