2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000288

1. Entity Name
HUNTINGTON MERCHANT SERVICES L.L.C.

FILED
01 MAY 18 PM 12:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
6200 SOUTH QUEBEC STREET.

Mailing Address

2. Principal Place of Business		3. Mailing Address	
6200 S. Quebec St.,		6200 S. Quebec St.,	
Suite, Apt. #, etc. Suite 210AS		Suite, Apt. #, etc. Suite 210AS	
City & State Greenwood Village CO		City & State Greenwood Village CO	
Zip 80111-4729	Country	Zip 80111-4729	Country

DO NOT WRITE IN THIS SPACE

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 32301-2525

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
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM ☐ Delete HUNTINGTON BANKSHARES, INC 7575 HUNTINGTON PARK DR. WORTHINGTON OH 43235	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE * / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ☐ Delete FIRST DATA MERCHANT SERVICES CORPORATION 6200 S. Quebec St. Greenwood Village CO 80111-4729	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200004416022--2 -06/12/01--01055--012 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] ASST. TREASURER 4/26/01 303-967-7147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #