2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M96000000288

FILED
Apr 09, 2002 8:00 AM
Secretary of State

Entity Name: HUNTINGTON MERCHANT SERVICES, L.L.C.

Current Principal Place of Business:

6200 S. QUEBEC ST.
SUITE 210AS
GREENWOOD VILLAGE, CO 801114729

New Principal Place of Business:

Current Mailing Address:

6200 S. QUEBEC ST.
SUITE 210AS
GREENWOOD VILLAGE, CO 801114729

New Mailing Address:

FEI Number: 11-3328074 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MEM ( ) Delete
Name: HUNINGTON BANCSHARES, , INC.
Address: 7575 HUNTINGTON PARK DRIVE
City-St-Zip: WORTHINGTON, OH 43235

Title: MGRM ( ) Delete
Name: FIRST DATA MERCHANT, SERVICES CORPO R ATION
Address: 6200 S. QUEBEC ST.
City-St-Zip: GREENWOOD VILLAGE, CO 801114729

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HUNINGTON BANCSHARES, , INC.
Address: 7575 HUNTINGTON PARK DRIVE
City-St-Zip: WORTHINGTON, OH 43235

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PHYLLIS SKENE-STIMAC, AS, FDMS MGR 04/09/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date