

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000069757

FILED
Apr 25, 2008
Secretary of State

Entity Name: USA DATA PROCESSING CORP

Current Principal Place of Business:

1155 BRICKELL BAY DRIVE
1402
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1155 BRICKELL BAY DRIVE
1402
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-2887958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESTER, WILLIAM
1155 BRICKELL BAY DRIVE
1402
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

ALTOP, SOLEN
301 EAST 49TH STREET,
3D
MIAMI, FL 33131 US

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: SOLEN ALTOP

04/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: LESTER, WILLIAM
Address: 19875 CAFADERDE WAY
City-St-Zip: FORT MYERS, FL 33190 FL

Title: P () Delete
Name: ESKENAZI, CYRILLE
Address: 3 ALLEE DES DEMOISELLES
City-St-Zip: CROISSY SUR SEINE, FR 78290 FR

Title: T (X) Delete
Name: CORBERA, WILLIAM
Address: 18001 OLD CUTLER RD
City-St-Zip: 317, FL 33137 FL

Title: S (X) Delete
Name: SERHAN, ALTOP
Address: 1155 BRICKEL BAY DRIVE
City-St-Zip: MIAMI, FL 33131 FL

Title: T () Delete
Name: SAURAH, SINAH
Address: 2451 CLOVER HIGHLANDS NIBM RD KONDHWA PUNE
City-St-Zip: 4111 048 MAHARASHTRA INDIA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ALTOP, SERHAN
Address: 951 BRICKELL AV, 2700
City-St-Zip: MIAMI, FL 33131 FL

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SERHAN ALTOP

VP

04/25/2008

Electronic Signature of Signing Officer or Director

Date