2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000069757

Entity Name: USA DATA PROCESSING CORP

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	CKELL BAY D	RIVE			
1402 MIAMI, FL	. 33131				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
1155 BRIG	CKELL BAY D	RIVE	_		
1402 MIAMI, FL					
,	r: 20-2887958	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	h SearhhA h	Current Registered Agent:	Name and Address	of New Registered Agent:	
		ouncint regional and regions	Tullio alla Tualooo	or non negrotorou / tgent.	
ALTOP, S 301 EAST	SOLEN 149TH STREI	≡Τ			
# 3D	43111011101	_1,			
MIAMI, FL	. 33131 US				
	e named entity te of Florida.	y submits this statement for the po	urpose of changing its register	ed office or registered agent, or both,	
SIGNATU	IRE:				
Electronic Signature of Registered Ager			nt	Date	
Election Ca	ımpaign Financi	ing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title:	VP (() Delete	Title:	() Change () Addition	
Name:	ALTOP, SERI		Name:		
Address: City-St-Zip:	951 BRICKEL MIAMI, FL 33		Address: City-St-Zip:		
Title:	Р (() Delete	Title:	() Change () Addition	
Name:	ESKENAZI, C	• •	Name:	() Change () / Iddition	
Address:	3 ALLEE DES	S DEMOISELLES	Address:		
City-St-Zip:	CROISSY SU	IR SEINE, FR 78290 FR	City-St-Zip:		
Title:	Т (() Delete	Title:	() Change () Addition	
Name:	SAURAH, SIN	IALI	Name:		
ivanic.					
Address:		ran R Highlands Nibm RD Kondhwa PU			

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: SAURAH SINAH T 04/30/2009