FILE NOW: FILING FEE AFTER MAY 1 IS ~~$150.00~~ $350.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 23 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P22779** **(3)**

1. Corporation Name

EDS ELECTRONIC FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
5400 LEGACY DR (STAX) PLANO TX 75024	5400 LEGACY DR HI 4A 66 PLANO TX 75024 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 22-2944746 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	BUCHANAN, JAMES P	1.2 NAME		
STREET ADDRESS	5400 LEGACY DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANO TX	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VICE-PRESIDENT	☑ Change ☐ Addition
NAME	HAMLIN, J, DAVIS	2.2 NAME	GRANT, JOSEPH M.	
STREET ADDRESS	5400 LEGACY DR.	2.3 STREET ADDRESS	5400 LEGACY DRIVE	
CITY-ST-ZIP	PLANO TX	2.4 CITY-ST-ZIP	PLANO, TX 75024	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, KATHY	3.2 NAME		
STREET ADDRESS	5400 LEGACY DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANO TX	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	000001415220	☐ Change ☐ Addition
NAME	BENAC, WILLIAM P	4.2 NAME	-02/24/95--01104--020	
STREET ADDRESS	5400 LEGACY DR.	4.3 STREET ADDRESS	****200.00 ****200.00	
CITY-ST-ZIP	PLANO TX	4.4 CITY-ST-ZIP		
TITLE	AT	5.1 TITLE		☐ Change ☐ Addition
NAME	RAMSEY, LARRY L.	5.2 NAME		
STREET ADDRESS	5400 LEGACY DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANO TX	5.4 CITY-ST-ZIP		
TITLE	VP	6.1 TITLE		☐ Change ☐ Addition
NAME	CASTLE, JOHN R., JR.	6.2 NAME		
STREET ADDRESS	5400 LEGACY DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	PLANO TX	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Larry L. Ramsey Larry L. Ramsey 1/31/95 (214)605-1200
SIGNATURE AND TYPED OR PRINTED NAME OF ANNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VP