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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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 75024-3105 US

3. Date Incorporated or Qualified: 01/30/1989	3a. Date of Last Report: 04/02/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	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 _____
(Must be 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	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	BUCHANAN, JAMES P		1.2 NAME	SULLIVAN, BARRY W.	
STREET ADDRESS	5400 LEGACY DR.		1.3 STREET ADDRESS	5400 LEGACY DRIVE	
CITY-ST-ZIP	PLANO TX		1.4 CITY-ST-ZIP	PLANO TX	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRANT, JOSEPH M.		2.2 NAME		
STREET ADDRESS	5400 LEGACY DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANO TX		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	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	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BENAC, WILLIAM P		4.2 NAME		
STREET ADDRESS	5400 LEGACY DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANO TX		4.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CAPPS, R. RANDALL		5.2 NAME		
STREET ADDRESS	5400 LEGACY DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANO TX		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE	V	☒ Change ☐ Addition
NAME	CASTLE, JOHN R., JR.		6.2 NAME	CASTLE, JOHN R JR	
STREET ADDRESS	5400 LEGACY DR		6.3 STREET ADDRESS	5400 LEGACY DRIVE	
CITY-ST-ZIP	PLANO TX		6.4 CITY-ST-ZIP	PLANO TX	

CR2E034 (9/96)

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Barton 4-2-97 (972) 605-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — BARBARA BARTON — Date — Daytime Phone #

0494106