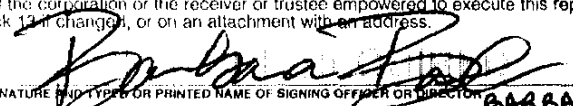


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 1997 8:00am
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 5400 LEGACY DR (STAX) PLANO TX 75024			Mailing Address 5400 LEGACY DR HI 4A 68 PLANO TX 75024-3105 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/30/1989 3a. Date of Last Report 04/02/1996 4. FEI Number 22-2944746 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	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	☒ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	BUCHANAN, JAMES P		1.1 TITLE	PD	☐ Change ☒ Addition
STREET ADDRESS	5400 LEGACY DR.		1.2 NAME	SULLIVAN, BARRY W.	
CITY-ST-ZIP	PLANO TX		1.3 STREET ADDRESS	5400 LEGACY DRIVE	
			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	
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:  4-2-97 (912) 605-1200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BARBARA BARTON Date Daytime Phone #					

CR2E034 (9/96)