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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F95000002086

1. Corporation Name

DISCOVER FINANCIAL SERVICES, INC.

DIOCOVE	IF I HANGOLE OCHTOCO, III						
Principal Place	e of Business	Mailing Address					(B) (E)(O e(1) (EO(
2000 LONGEST DR 2000 LONGEST DR							
FRANKLIN IN 46131 FRANKLIN IN 46131					DO NOT WRITE IN THIS S	DACE	
US US					DO NOT WRITE IN THIS S	PACE	
					3. Date Incorporated or Qualifed		į.
					04/28/1995		Austinal For
2. Principal Place of Business 2a. Mailing Address			-,,,		4. FEI Number		Applied For
21 409 N. PARIS DR. 26 PU. BUX S			43		35-1940906		Not Applicable Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	•	Required
22 27 City & State					0.51		
City & State City & State City & State City & State			· M	.731	6. Election Campaign Financing		May Be _
			Country		· · · · · · · · · · · · · · · · · · ·		4101003
Zip	Country		¬ '		This corporation owes the current year Intal Personal Property Tax.	ngibie ∐Yes	□No
24	25 25 25 25 Current	29 3	<u> </u>		10. Name and Address of New Registered A		
	9. Name and Address of Current	Registered Agent	81	Name	10. Italia tila Madicas et Hen Hegisteres H	<u> </u>	
CTO	CORPORATION SYSTEM				·		
1200 SOUTH PINE ISLAND ROAD				Street Ad	Idress (P.O. Box Number is Not Acceptable)		1
PLANTATION FL 33324			83				
r D-div	(IAIIOI4 I E 35024		63				
			84	City		85 Zi	p Code
					<u>FL</u>		7
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations of the sections of the section of the section of the sections of the sections of the sections of the sections of the section	of Florida. Such change was auth	nonzed by	the corpora	proration submits this statement for the purpose of clation's board of directors. I hereby accept the appoint	ment as	registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agen	t signature requ	uired when reinstating) DATE		
12.	OFFICERS ANI	 -	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12
TITLE			1.1 TITLE			☐ Chang	je
NAME			1.2 NAME				
STREET ADDRESS			1.3 STREET	ADDRESS			ļ
CITY-ST-ZIP			1,4 CITY-S	r-ZiP)
TITLE	STD	☐ DELETE	2.1 TITLE			☐ Chang	ge Addition
NAME			2.2 NAME				
			2.3 STREET	TADODESS			
STREET ADDRESS			2.4 CITY-S				{
CITY-ST-ZIP			3.1 TITLE	1-21-		☐ Chang	e Addition
TITLE			3.2 NAME	ĺ		•	
NAME							\ \
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S 4.1 TITLE	I-ZIP		[_] Chang	re Addition
TITLE		_ DELETE					,5
NAME			4. 2 NAME		`		ţ
STREET ADDRESS	_		4.3 STREET				ĺ
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		Chang	ge Addition
TITLE			5.1 TITLE			☐ Chang	le 🗆 Yourgon
NAME			5.2 NAME				1
STREET ADDRESS			5.3 STREET	- 1			
CITY-ST-ZIP			5.4 CITY-S	T- ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Chang	ge Addition
NAME			6.2 NAME				.[
STREET ADDRESS			6.3 STREET	TADDRESS -			

14. I 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 affactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

317.736.9800

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90154 041 ***150.00