## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 449022** 

Entity Name: FIDELITY NATIONAL CARD SERVICES, INC.

**Current Principal Place of Business:** 

601 RIVERSIDE AVENUE JACKSONVILLE, FL 32204

**Current Mailing Address:** 

**601 RIVERSIDE AVENUE** JACKSONVILLE, FL 32204 US

FEI Number: 59-1521546 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACKSONVILLE FL 32204

CT CORPORATION SYSTEM % CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Apr 09, 2015

**Secretary of State** 

CC8346259859

## Officer/Director Detail:

ASSISTANT SECRETARY Title Title **TREASURER** 

BURGESS, DEBRA H Name Name COUTURIER, JASON L. Address 601 RIVERSIDE AVE. Address 601 RIVERSIDE AVE. City-State-Zip: JACKSONVILLE FL 32204 City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR/SECRETARY Title DIRECTOR/PRESIDENT OATES, MICHAEL P. Name Name NORCROSS, GARY A. Address 601 RIVERSIDE AVE. Address 601 RIVERSIDE AVE. JACKSONVILLE FL 32204 City-State-Zip:

I hereby 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 all other like empowered.

SIGNATURE: DEBRA H BURGESS

**ASSISTANT SECRETARY** 

04/09/2015