

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004765

Entity Name: FIDELITY NATIONAL E-BANKING SERVICES, INC.**Current Principal Place of Business:**601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204**Current Mailing Address:**601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204 US**FEI Number:** 58-1921188**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	GRAVELLE, MICHAEL L.
Address	601 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32204

Title	ASSISTANT SECRETARY
Name	BURGESS, DEBRA H
Address	601 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32204

Title	PRESIDENT
Name	NORCROSS, GARY A
Address	601 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32204

Title	TREASURER
Name	COUTURIER, JASON L
Address	601 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32204

Title	DIRECTOR
Name	OATES, MICHAEL P
Address	601 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32204

Title	DIRECTOR
Name	MAYO, MARC M
Address	601 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32204

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** 04/15/2017_____
Electronic Signature of Signing Officer/Director Detail_____
Date