

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # 381175**

**(9)**

1. Corporation Name

**FISERV TAMPA, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
APR 23 14 PM '94 11

Principal Place of Business

5802 BENJAMIN CENTER DR.  
TAMPA FL 33634-2204

Mailing Address

5802 BENJAMIN CENTER DR.  
TAMPA FL 33634-2204

2. Principal Place of Business

21. Suite, Apt. #, etc.

2a. Mailing Address

26. Suite, Apt. #, etc.

22. City & State

23. Zip

27. City & State

28. Zip

24. Country

29. Country

30. Zip

31. Name and Address of Current Registered Agent

TARR KEITH  
5802 BENJAMIN CENTER DR.  
TAMPA FL 33634-2204

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 607.1501, 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 607.0501, Florida Statutes.

SIGNATURE:

Officer's Printed Name, Typed Name or Signature of Director or Registered Agent (see instructions above for details)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
OFFICE	NAME	11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY, ST, ZIP
D	ANDERSON, BRUCE	11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY, ST, ZIP
STREET ADDRESS	5802 BENJAMIN CENTER DR.				
CITY, ST, ZIP	TAMPA FL				
OFFICE	NAME	21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY, ST, ZIP
D	BALTHASAR, NORMAN	21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY, ST, ZIP
STREET ADDRESS	5802 BENJAMIN CENTER DR.				
CITY, ST, ZIP	TAMPA FL				
OFFICE	NAME	31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY, ST, ZIP
D	MUMA, LESLIE M.	31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY, ST, ZIP
STREET ADDRESS	5802 BENJAMIN CENTER DR.				
CITY, ST, ZIP	TAMPA FL				
OFFICE	NAME	41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY, ST, ZIP
ST	ELLIS, JEFFREY C.	41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY, ST, ZIP
STREET ADDRESS	5802 BENJAMIN CENTER DR.				
CITY, ST, ZIP	TAMPA FL				
OFFICE	NAME	51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY, ST, ZIP
P	TARR, KEITH	51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY, ST, ZIP
STREET ADDRESS	5802 BENJAMIN CENTER DR				
CITY, ST, ZIP	TAMPA FL				
OFFICE	NAME	61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY, ST, ZIP
STREET ADDRESS					
CITY, ST, ZIP					

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(9)(b), Florida Statutes. Further, I certify that the information indicated on this general 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 recorder 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:

*Keith Tarr*

PRINTING AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytona Beach