

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
APR 14 PM 12:11

DOCUMENT # 381175 (9)

1. Corporation Name

FISERV TAMPA, INC.

Principal Place of Business

**5802 BENJAMIN CENTER DR.
TAMPA FL 33634-2204**

Mailing Address

**5802 BENJAMIN CENTER DR.
TAMPA FL 33634-2204**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1971

3a. Date of Last Report

01/27/1994

4. FIC Number

59-1432464

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

County, Apt. #, etc.

County, Apt. #, etc.

City & State

23

City & State

27

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

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 607.1504, 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

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D

**ANDERSON, BRUCE
5802 BENJAMIN CENTER DR.
TAMPA FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D

**BALTHASAR, NORMAN
5802 BENJAMIN CENTER DR.
TAMPA FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D

**MUMA, LESLIE M.
5802 BENJAMIN CENTER DR.
TAMPA FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

ST

**ELLIS, JEFFREY C.
5802 BENJAMIN CENTER DR.
TAMPA FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

P

**TARR, KEITH
5802 BENJAMIN CENTER DR
TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and true, not equally for the exemption stated in Section 191.02(4)(b), 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 602, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or any attachment with an addition.

SIGNATURE:

Keith Tarr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Secretary