

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 696535

1. Entity Name

FIRST DATA MERCHANT SERVICES CORPORATION

Principal Place of Business

5660 NEW NORTHSIDE DR  
SUITE 1400  
ATLANTA GA 30328  
US

Mailing Address

5660 NEW NORTHSIDE DR  
SUITE 1400  
ATLANTA GA 30328-5825  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2126793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS ADAMS, EVA L  
CITY-ST-ZIP 6200 S QUEBEC ST  
ENGLEWOOD CO 80126

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME EVP  
STREET ADDRESS MC NAMARA, ROBERT F  
CITY-ST-ZIP 10825 FARRAM DR.  
OMAHA NE 68154

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME EVP  
STREET ADDRESS PATMORE, KIMBERLY S  
CITY-ST-ZIP 6200 S QUEBEC ST  
ENGLEWOOD CO 80126

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME S  
STREET ADDRESS WHEALY, MICHAEL T  
CITY-ST-ZIP 5660 NEW NORTHSIDE DR., STE 400  
ATLANTA GA 30328

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS YOUNG, MARK E  
CITY-ST-ZIP 5660 NEW NORTHSIDE DR., STE 1400  
ATLANTA GA 30328

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME AS  
STREET ADDRESS SHALOM, RALPH  
CITY-ST-ZIP 1401 NW 136TH AVE  
SUNRISE FL 33323

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90089 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)