

5/19

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-19-2001 90285 020 ****61.25
06-26-2001 90008 020 ****88.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **696535**

1. Entry Name
First Data Merchant Services Corporat. ion

Principal Place of Business
6200 SOUTH QUEBEC STREET.

Mailing Address
6200 S. Quebec St.,
Suite 210AS
Greenwood Village CO
80111-4729

2. Principal Place of Business
6200 S. Quebec St.,
Suite 210AS
Greenwood Village CO
80111-4729

3. Mailing Address
6200 S. Quebec St.,
Suite 210AS
Greenwood Village CO
80111-4729

4. FEI Number
59-2126793

5. Certificate of Status Desired \$5.00 Additional Fee Required

80074980

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS!
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Patrsley, Pamela H. 3811 Turtle Creek Blvd St 750 Dallas TX 75219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Fogelson, Lawrence S. 265 Broad Hollow Road Melville NY 11747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP McNamara Robert F. 10825 Farnam Dr Omaha NE 68154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Whealy, Michael T. 5660 New Northside Dr Suite 1400 Atlanta GA 30328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Young, Mark E 5660 New Northside Dr Suite 1400 Atlanta GA 30328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Dembowski, Jerry P. 6200 S. Quebec Str Englewood Co 80111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jerry P. Dembowski ASST. TREASURER 4/24/01 303-967-7147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #