

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 833095 (3)
 1. Corporation Name
ALLTEL FINANCIAL INFORMATION SERVICES, INC.



Principal Place of Business 4001 RODNEY PARHAM ROAD LITTLE ROCK AR 72212	Mailing Address 4001 RODNEY PARHAM ROAD LITTLE ROCK AR 72212-2442
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1974	3a. Date of Last Report 04/23/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 71-0405375		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83.				84. City	
				85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURI, JOHN E.	1.2 NAME	
STREET ADDRESS	52 RIVER RIDGE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLE ROCK AR	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAVENS, WILLIAM L.	2.2 NAME	
STREET ADDRESS	ONE TREETOP LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLE ROCK AR 72202	2.4 CITY-ST-ZIP	
TITLE	VPS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVELLE, MICHAEL L.	3.2 NAME	
STREET ADDRESS	1709 N. MONROE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LITTLE ROCK AR 72207	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANCE, DANNY R.	4.2 NAME	
STREET ADDRESS	4001 RODNEY PARHAM RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLE ROCK AR	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, JOE T.	5.2 NAME	
STREET ADDRESS	2100 COUNTRY CLUB LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLE ROCK AR	5.4 CITY-ST-ZIP	
TITLE	VTS	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, JEFFREY H.	6.2 NAME	
STREET ADDRESS	1801 SHADOW LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLE ROCK AR 72207	6.4 CITY-ST-ZIP	

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DANNY R. VANCE DATE: 4-29-97 (S) 220-5100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)