


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 856633 1. Entry Name TOTAL SYSTEM SERVICES, INC.	
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Principal Place of Business 1600 FIRST AVE. COLUMBUS, GA 31901 US	Mailing Address PO BOX 2506 COLUMBUS, GA 31902 US
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02012006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1493818	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC WEAVER, DORENDA K 6436 FALL BRANCH DRIVE COLUMBUS, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C USSERY, RICHARD W 1 MOUNTAIN RIDGE COURT COLUMBUS, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOMLINSON, PHILIP W. 6611 WOODBERRY RD. COLUMBUS, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCS GRIFFITH, SANDERS 6288 BROOKSTONE BLVD COLUMBIA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT LIPHAM, JAMES B. 3342 WINDERMERE ST. COLUMBUS, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP HARRIS, ROBERT 58 WATERFALL WAY CATAULA, GA 31804

11000000441484
11/20/06-R0003A-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Harris Robert Harris Sr. Director 2/1/06 706-644-1601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #