

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90101 003 ***158.75

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1. Entity Name

PER-SE TRANSACTION SERVICES, INC.



Principal Place of Business
2840 MT. WILKINSON PARKWAY
ATLANTA GA 30339

Mailing Address
2840 MT. WILKINSON PARKWAY
ATLANTA GA 30339

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

35-1865406

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	DAUGHER, WILLIAM N	NAME	
STREET ADDRESS	2840 MT. WILKINSON PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	CITY-ST-ZIP	
TITLE	VCFO	TITLE	
NAME	PERKINS, CHRIS E	NAME	
STREET ADDRESS	2840 MT. WILKINSON PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	CITY-ST-ZIP	
TITLE	SVGC	TITLE	
NAME	QUINER, PAUL J	NAME	
STREET ADDRESS	2840 MT. WILKINSON PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	PREDMORE, SHELLEY L	NAME	
STREET ADDRESS	2840 MT. WILKINSON PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	CITY-ST-ZIP	
TITLE	VT	TITLE	
NAME	LESHYNSKI, CARYN D	NAME	
STREET ADDRESS	2840 MT. WILKINSON PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	PARKER, LOUIS C III	NAME	
STREET ADDRESS	2840 MT. WILKINSON PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(770) 444-5413

Quiner, Srvc, General Counsel Secretary

CR2E034 (10/02)