

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000003480

1. Entity Name
JACK HENRY & ASSOCIATES, INC.



Principal Place of Business
**663 HIGHWAY 60
MONETT, MO 65708**

Mailing Address
**663 HIGHWAY 60
MONETT, MO 65708**



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1128385

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2006**

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
**PCEO
PRIM, JOHN F
663 HIGHWAY 60
MONETT, MO 65708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCOO
WORMINGTON, TONY L
663 HIGHWAY 60
MONETT, MO 65708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TCFO
WILLIAMS, KEVIN D
663 HIGHWAY 60
MONETT, MO 65708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HENRY, JOHN W
663 HIGHWAY 60
MONETT, MO 65708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GRAY, JANET E
663 W HWY 60
MONETT, MO 65708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BUTTERWORTH, MARGUERITE P
663 HIGHWAY 60
MONETT, MO 65708**

**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: *Kevin D. Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN D. WILLIAMS, CFO

7/6/06

Date

417-235-6652

Daytime Phone #