

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003562

FILED  
Mar 19, 2011  
Secretary of State

**Entity Name:** FIDELITY NATIONAL INFORMATION SERVICES, INC.

**Current Principal Place of Business:**

601 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204 US

**New Principal Place of Business:**

**Current Mailing Address:**

601 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204 US

**New Mailing Address:**

FEI Number: 37-1490331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: MARTIRE, FRANK R  
Address: 601 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: SEVP  
Name: GRAVELLE, MICHAEL L  
Address: 601 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: TRE  
Name: HAYFORD, MICHAEL D  
Address: 601 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: DIR  
Name: HAGERTY, THOMAS M  
Address: 601 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: DIR  
Name: HUGHES, KEITH W  
Address: 601 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: DIR  
Name: HUNT, DAVID K  
Address: 601 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32204 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KELLY LETTMANN

POA

03/19/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date