## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F0100005245

1. Entity Name

ADS COMMERCIAL SERVICES, INC.



Principal Place of Business
C/O ALLIANCE DATA SYS.//ATTN: LYNN KAHL
800 TECHCENTER DRIVE
GAHANNA OH 43230

2. Principal Place of Business
8035 Quivira Rd
Suite, Apt. #, etc.

City & State

Mailing Address
C/O ALLIANCE DATA SYS.//ATTN: LYNN KAHL
800 TECHCENTER DRIVE
GAHANNA OH 43230

3. Mailing Address
Suite, Apt. #, etc.

## FILED Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90065 045 \*\*\*150.00



007	2 QUIVITA NO								
Suite, Apt	, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Sta	te VC	City	& State		4.	FEI Number 2C-400E 174		Applied For	
	exa, KS					36-4005174	1	Not Applicable	
Zip 66		Zip		Country	5.	Certificate of Status Desired	\$8.75 A Fee Requi		
	6. Name and Address of Current	Registere	d Agent		7.	Name and Address of New Registered	i Agent		
				Name					
C T CORPORATION SYSTEM					Street Address (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD					Sitest Address (F.O. Box Nullriber is Not Acceptable)				
PLANTATION FL 33324									
					City Zip Code				
						, F	L Zip Co	de	
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 obliga	tions of registered agent.								
OLONIATURE	4								
SIGNATURE									
	THE MONTH FEE 10 6450 00	T	· , ,			1			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00				•		9. Election Campaign Financing	\$5.	<b>00</b> May Be	
	k Payable to Florida Department of	State				Trust Fund Contribution.		ed to Fees	
10.	OFFICERS AND		20						
	PD OFFICERS AND I	DIRECTOR		11.	AL	DDITIONS/CHANGES TO OFFICERS AN			
TITLE NAME	BELTZ, MICHAEL A		☐ Delete	TITLE	į.		☐ Change	☐ Addition	
STREET ADDRESS	17655 WATERVIEW PARKWAY			NAME STREET ADDRESS					
CITY-ST-ZIP	DALLAS TX 75252			CITY-ST-ZIP					
								<u>-</u>	
TITLE NAME	V		· Delete	TITLE			Change	☐ Addition	
STREET ADDRESS	SCHUMACHER, RICHARD E JR.			NAME CTREET ADDRESS					
CITY-ST-ZIP	800 TECHCENTER DRIVE GAHANNA OH 43230			STREET ADDRESS CITY-ST-ZIP					
TITLE	SD CAROLVALO		Delete Delete	TITLE	5D	No. M	☐ Change	<b>⊠</b> Addition	
NAME STREET ADDRESS	MELVIN, CAROLYN S			NAME STREET ADDRESS	17/200	Natorview Parkuly			
CITY-ST-2IP	800 TECHCENTER DRIVE GAHANNA OH 43230			CITY-ST-ZIP	701105	TY 7(7(7)			
	GARANNA OR 43230				Dance	Han M. Waterview Parkway , TX 75252			
TITLE NAME	ADMAN DODEDT		Delete	TITLE	İ		☐ Change	☐ Addition	
STREET ADDRESS	ARMIAK, ROBERT			NAME CERTET ADDRESS					
CITY-ST-ZIP	800 TECHCENTER DRIVE  GAHANNA OH 43230			STREET ADDRESS CITY-ST-ZIP					
TITLE	CFO		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	HEFFERNAN, EDWARD			NAME CTREET ADDRESS					
CITY-ST-ZIP	17655 WATERVIEW PARKWAY			STREET ADDRESS CITY-ST-ZIP					
	DALLAS TX 75252		57		1 <				
TITLE NAME	AS WATTO KELLIE		<b>⊠</b> Delete	TITLE	AS	1	Change	Addition )	
_	WATTS, KELLIE			NAME STREET ADDRESS	Leigh /	thin Epperson			
CITY-ST-ZIP	17655 WATERVIEW PARKWAY DALLAS TX 75252			CITY-ST-ZIP	11055	Ann Epperson Waterview Parkway 5. TX 75252			
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this report is true and accurate and that my signature shall have the same local affect as if made under early that I am an efficie or disperse.									

2. 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 réport 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.

SIGNATUR

IS SIMMUME SECURINED VP

4-17-07

614-729-4678

Daytime Phone #

32E034 (10/02)