

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90004 001 ***550.00

DOCUMENT # F02000000504

1. Entity Name
CARDTRONICS GP, INC.



Principal Place of Business
**3110 HAYES ROAD SUITE 300
HOUSTON, TX 77082**

Mailing Address
**3110 HAYES ROAD
SUITE 300
HOUSTON, TX 77082**

50053900

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06212005

Chg-P

CR2E034 (10/03)

4. FEI Number
75-3003720

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 \$550.00
Due by September 7, 2005**

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

TITLE
NAME
D
CLINARD, RALPH H
STREET ADDRESS
3110 HAYES ROAD SUITE 300
CITY-ST-ZIP
HOUSTON, TX 77082 ☐ Delete

TITLE
NAME
ASST S
OLIPHANT, PAUL
STREET ADDRESS
3110 HAYES ROAD SUITE 300
CITY-ST-ZIP
HOUSTON, TX 77082 ☐ Change ☒ Addition

TITLE
NAME
S
CLINARD, MICHAEL
STREET ADDRESS
3110 HAYES ROAD STE. 300
CITY-ST-ZIP
HOUSTON, TX 77082 ☐ Delete

TITLE
NAME
CFO
BREWSTER, CHRIS
STREET ADDRESS
3110 HAYES ROAD, SUITE 300
CITY-ST-ZIP
HOUSTON, TX 77082 ☐ Change ☒ Addition

TITLE
NAME
T
UPTON, THOMAS
STREET ADDRESS
3110 HAYES ROAD STE 300
CITY-ST-ZIP
HOUSTON, TX 77082 ☐ Delete

TITLE
NAME
CAO
UPTON, THOMAS
STREET ADDRESS
3110 HAYES ROAD, SUITE 300
CITY-ST-ZIP
HOUSTON, TX 77082 ☒ Change ☐ Addition

TITLE
NAME
CD
LUMMIS, FRED R
STREET ADDRESS
3110 HAYES ROA SUITE 300
CITY-ST-ZIP
HOUSTON, TX 77082 ☐ Delete

TITLE
NAME
COO
CLINARD, MICHAEL
STREET ADDRESS
3110 HAYES ROAD, SUITE 300
CITY-ST-ZIP
HOUSTON, TX 77082 ☒ Change ☐ Addition

TITLE
NAME
P
ANTONINI, JACK
STREET ADDRESS
3110 HAYES ROAD SUITE 300
CITY-ST-ZIP
HOUSTON, TX 77082 ☒ Delete

TITLE
NAME
S
KELLER, MICHAEL
STREET ADDRESS
3110 HAYES ROAD, SUITE 300
CITY-ST-ZIP
HOUSTON, TX 77082 ☐ Change ☒ Addition

TITLE
NAME
VP
ARCHER, BRIAN
STREET ADDRESS
3110 HAYES ROAD, SUITE 300
CITY-ST-ZIP
HOUSTON, TX 77082 ☒ Delete

TITLE
NAME
PD
ANTONINI, JACK
STREET ADDRESS
3110 HAYES ROAD, SUITE 300
CITY-ST-ZIP
HOUSTON, TX 77082 ☐ Change ☒ Addition

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

6/22/05

Date

281596-9988

Daytime Phone #