

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000851

Entity Name: FDC ACQUISITION, INC.

FILED
Apr 18, 2008
Secretary of State

Current Principal Place of Business:

5200 HAHNS PEAK DRIVE
LOVELAND, CO 80538

New Principal Place of Business:

Current Mailing Address:

5200 HAHNS PEAK DRIVE
LOVELAND, CO 80538

New Mailing Address:

FEI Number: 84-1482387

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DONNAN, JAMES N
Address: 5200 HAHNS PEAK DRIVE
City-St-Zip: LOVELAND, CO 80538

Title: SVP () Delete
Name: NEIBERGER, TODD A
Address: 5200 HAHNS PEAK DRIVE
City-St-Zip: LOVELAND, CO 80538

Title: SVP () Delete
Name: DENNAN, RUSS
Address: 5200 HOCHINS PEAK DR
City-St-Zip: LOVELAND, CO 80538

Title: SVPS () Delete
Name: PEREL, SABRINA
Address: 900 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: SVPT () Delete
Name: HALLREIGEL, MICHAEL
Address: 900 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVP (X) Change () Addition
Name: DONNAN, RUSS
Address: 5200 HOCHINS PEAK DR
City-St-Zip: LOVELAND, CO 80538

Title: D/S (X) Change () Addition
Name: PEREL, SABRINA
Address: 900 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: SVPT (X) Change () Addition
Name: HELLREIGEL, MICHAEL
Address: 900 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10022

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TODD NEIBERGER

SVP

04/18/2008

Electronic Signature of Signing Officer or Director

_____ Date