2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/9/2

FILED
Jul 23, 2004 8:00 am
Secretary of State
07-09-2004 90008 026 ***150.00

DOCUMENT # F02000004278

1. Entity Name
FIRST FINANCIAL COMPUTER SERVICES, INC.

Principal Place of Business	Mailing Address
18122 CANTRELL ROAD LITTLE ROCK, AR 72223	18122 CANTRELL ROAD LITTLE ROCK, AR 72223

66430468

07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0607696
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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: Mary Thomason E VP Sec. DATE: 7-1-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	THOMASON, ROBERT H
STREET ADDRESS	18122 CANTRELL ROAD
CITY-ST-ZIP	LITTLE ROCK, AR 72223
TITLE	SVC
NAME	THOMASON, MARY H
STREET ADDRESS	18122 CANTRELL ROAD
CITY-ST-ZIP	LITTLE ROCK, AR 72223
TITLE	VPD
NAME	THOMASON, RANDY
STREET ADDRESS	18122 CANTRELL ROAD
CITY-ST-ZIP	LITTLE ROCK, AR 72223
TITLE	TD
NAME	THOMASON, JON
STREET ADDRESS	18122 CANTRELL ROAD
CITY-ST-ZIP	LITTLE ROCK, AR 72223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Mary Thomason 7/19/04 501-868-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #