

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003330

Entity Name: FISERV PAR, INC.

FILED
Jan 06, 2004
Secretary of State

Current Principal Place of Business:

255 FISERV DRIVE
BROOKFIELD, WI 53045

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 979
BROOKFIELD, WI 530080979

New Mailing Address:

255 FISERV DRIVE
BROOKFIELD, WI 53045

FEI Number: 68-0554362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MUMA, LESLIE M
Address: 255 FISERV DRIVE
City-St-Zip: BROOKFIELD, WI 53045

Title: V () Delete
Name: BALTHASAR, NORMAN J
Address: 255 FISERV DRIVE
City-St-Zip: BROOKFIELD, WI 53045

Title: V () Delete
Name: JENSEN, KENNETH R
Address: 255 FISERV DRIVE
City-St-Zip: BROOKFIELD, WI 53045

Title: V () Delete
Name: CRAFT, DOUGLAS J
Address: 255 FISERV DRIVE
City-St-Zip: BROOKFIELD, WI 53045

Title: V () Delete
Name: LAROSA, PHILIP
Address: 255 FISERV DRIVE
City-St-Zip: BROOKFIELD, WI 53045

Title: V () Delete
Name: NEILL, THOMAS A
Address: 255 FISERV DRIVE
City-St-Zip: BROOKFIELD, WI 53045 N

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MUMA, LESLIE M
Address: 255 FISERV DRIVE
City-St-Zip: BROOKFIELD, WI 53045

Title: EVP (X) Change () Addition
Name: BALTHASAR, NORMAN J
Address: 255 FISERV DRIVE
City-St-Zip: BROOKFIELD, WI 53045

Title: EVP (X) Change () Addition
Name: JENSEN, KENNETH R
Address: 255 FISERV DRIVE
City-St-Zip: BROOKFIELD, WI 53045

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES W. SPRAGUE

S

01/06/2004

Electronic Signature of Signing Officer or Director

Date