

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F04000003306

1. Entity Name
CHECKFREE SERVICES CORPORATION



Principal Place of Business
4411 EAST JONES BRIDGE ROAD
NORCROSS, GA 30092

Mailing Address
4411 EAST JONES BRIDGE ROAD
NORCROSS, GA 30092

FILED
Sep 08, 2006 08:00 AM
Secretary of State



07142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1013521

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

**DO NOT WRITE
IN THIS SPACE**

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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

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	DC
NAME	KIGHT, PETER J
STREET ADDRESS	4411 EAST JONES BRIDGE ROAD
CITY-ST-ZIP	NORCROSS, GA 30092

TITLE	DV
NAME	JOHNSON, MARK A
STREET ADDRESS	4411 EAST JONES BRIDGE ROAD
CITY-ST-ZIP	NORCROSS, GA 30092

TITLE	DEV
NAME	MANGUM, DAVID E
STREET ADDRESS	4411 EAST JONES BRIDGE ROAD
CITY-ST-ZIP	NORCROSS, GA 30092

TITLE	EV
NAME	MCCOY, RANDAL A
STREET ADDRESS	4411 EAST JONES BRIDGE ROAD
CITY-ST-ZIP	NORCROSS, GA 30092

TITLE	EV
NAME	OLSEN, STEPHEN E
STREET ADDRESS	4411 EAST JONES BRIDGE ROAD
CITY-ST-ZIP	NORCROSS, GA 30092

TITLE	VPAT
NAME	MADEN, KEVEN
STREET ADDRESS	4411 EAST JONES BRIDGE ROAD
CITY-ST-ZIP	NORCROSS, GA 30092

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09/08/06-80004-013 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/4/06