


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90036 045 \*\*\*150.00

<b>DOCUMENT # F04000003306</b>	
1. Entity Name <b>CHECKFREE SERVICES CORPORATION</b>	

Principal Place of Business <b>4411 EAST JONES BRIDGE ROAD NORCROSS, GA 30092</b>	Mailing Address <b>4411 EAST JONES BRIDGE ROAD NORCROSS, GA 30092</b>
------------------------------------------------------------------------------------------	------------------------------------------------------------------------------

**40095830**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03262007 Chg-P CR2E034 (12/06)

4. FEI Number <b>31-1013521</b>	Applied For <input type="checkbox"/> 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	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KIGHT, PETER J 4411 EAST JONES BRIDGE ROAD NORCROSS, GA 30092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOHNSON, MARK A 4411 EAST JONES BRIDGE ROAD NORCROSS, GA 30092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV MANGUM, DAVID E 4411 EAST JONES BRIDGE ROAD NORCROSS, GA 30092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV MCCOY, RANDAL A 4411 EAST JONES BRIDGE ROAD NORCROSS, GA 30092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV OLSEN, STEPHEN E 4411 EAST JONES BRIDGE ROAD NORCROSS, GA 30092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT MADEN, KEVEN 4411 EAST JONES BRIDGE ROAD NORCROSS, GA 30092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**SEE ATTACHED  
For Additional Officers**

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: Samuel R Schwartz 4/23/07 678-375-1667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Samuel R Schwartz*

ATTACHMENT

40095830

#FD4000003306

CHECKFREE SERVICES CORPORATION  
FLORIDA  
2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

LINE 11 - ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Additions:

Title: SVP  
Name: Leigh Asher  
Street Address: 4411 East Jones Bridge Rd  
City-St-Zip: Norcross, GA 30092

Title: EVP  
Name: Laura E. Binion  
Street Address: 4411 East Jones Bridge Rd  
City-St-Zip: Norcross, GA 30092

Title: EVP  
Name: Michael Gianoni  
Street Address: 4411 East Jones Bridge Rd  
City-St-Zip: Norcross, GA 30092

Title: SVP, CAO, Controller  
Name: Samuel R. Schwartz  
Street Address: 4411 East Jones Bridge Rd  
City-St-Zip: Norcross, GA 30092