

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90075 002 \*\*\*150.00

DOCUMENT # F05000001311

1. Entity Name  
EFUNDS CORPORATION



Principal Place of Business  
8501 N. SCOTTSDALE ROAD, SUITE 300  
SCOTTSDALE, AZ 85253

Mailing Address  
8501 N. SCOTTSDALE ROAD, SUITE 300  
SCOTTSDALE, AZ 85253

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4900 N. Scottsdale Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 1000

City & State

City & State  
Scottsdale, AZ

Zip

Country

Zip

Country

85251

United States

04162007

Chg-P

CR2E034 (12/06)

4. FEI Number

39-1506286

Applied For

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

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
WALSH, PAUL F  
8501 N. SCOTTSDALE ROAD, SUITE 300  
SCOTTSDALE, AZ 85253 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
4900 N. Scottsdale Rd. Ste. 1000  
Scottsdale, AZ 85251

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
GRECHAM, GEORGE  
8501 N. SCOTTSDALE ROAD, SUITE 300  
SCOTTSDALE, AZ 85253 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
4900 N. Scottsdale Rd. Ste. 1000  
Scottsdale, AZ 85251

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
COLEMAN, STEVEN R  
8501 N. SCOTTSDALE ROAD, SUITE 300  
SCOTTSDALE, AZ 85253 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
4900 N. Scottsdale Rd. Ste. 1000  
Scottsdale, AZ 85251

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
GUEPTA, RAHUL  
8501 NORTH SCOTTSDALE RD SUITE 300  
SCOTTSDALE, AZ 85253 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
P  
Nelson Eng  
4900 N. Scottsdale Rd. Ste. 1000  
Scottsdale, AZ 85251

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

George Grecham 4/29/07

Date

Daytime Phone #