

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001601

FILED
Apr 20, 2007
Secretary of State

Entity Name: CORILLIAN CORPORATION

Current Principal Place of Business:

3400 NW JOHN OLSEN PLACE
HILLSBORO, OR 97124

New Principal Place of Business:

Current Mailing Address:

3400 NW JOHN OLSEN PLACE
HILLSBORO, OR 97124

New Mailing Address:

FEI Number: 91-1795219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: C () Delete
Name: WHIPPLE, JAY N.
Address: 20 N. WACKER DR., STE. 3300
City-St-Zip: CHICAGO, IL 606063102

Title: VC () Delete
Name: MILLER, TYREE
Address: 311 S. WACKER DR.
City-St-Zip: CHICAGO, IL 60606

Title: D () Delete
Name: DUNN, ERIC
Address: 1010 EL CAMINO REAL, STE. 250
City-St-Zip: MENIO PARK, CA 94025

Title: D () Delete
Name: BARRETT, ROBERT G.
Address: 601 CALIFORNIA ST., STE. 2200
City-St-Zip: SAN FRANCISCO, CA 94108

Title: P () Delete
Name: HART, ALEX P.
Address: 3400 NW JOHN OLSEN PLACE
City-St-Zip: HILLSBORO, OR 97124

Title: V () Delete
Name: WILDE, PAUL K.
Address: 3400 NW JOHN OLSEN PLACE
City-St-Zip: HILLSBORO, OR 97124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: STOJAK, JIM
Address: 19122 KIMBERLY DRIVE
City-St-Zip: HAGERSTOWN, MD 21742

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

Title: CFO (X) Change () Addition
Name: WILDE, PAUL K.
Address: 3400 NW JOHN OLSEN PLACE
City-St-Zip: HILLSBORO, OR 97124

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PAUL K. WILDE

CFO

04/20/2007

Electronic Signature of Signing Officer or Director

Date