Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

FIRST NATIONAL CREDIT CARD CENTER, INC.

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6/30/09

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statute unge is submitted for a corporation organized under the laws of the State of <u>Nebre</u> er to change its registered office or registered agent, or both, in the State of Florida	ska o
1. The name of	the corporation;	
2. The principal	office address: 1620 DODGE STREET, OMAHA NE 68197	
3. The mailing	address (if different):	
4. Date of incor	poration/qualification: 02/01/2007 Document number: F070000000820	
5. The name an	d street address of the current registered agent and registered office on file with the imment of State: (If resigned, enter resigned)	
	CORPORATION SERVICE COMPANY	To 智
	1201 HAYS STREET TALLAHASSEE FL 32301-2525	E CRI
		TAR HASS
The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office	2009 JUN 30 PH 2: 39 SECRETARY OF STATE TALLAHASSEE, FLORID
	C T Corporation System	9E 3
	c/o C T Corporation System, 1200 South Fine Island Road (F.O. Box NGT acceptable)	OP OP
	Plantation, Florida 33324	
The street add:	ress of its registered office and the street address of the business office of its reg	istered agent,
Such change v	vas authorized by resolution duly adopted by its board of directors or by an offic the board, or the corporation has been notified in writing of the change.	er so
Yal.	David Barezowski, Attorney in Fact f O'Connor, VP O'Connor, VP	or Maureen
-	nt the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete and I am lamiliar with and accept the obligation of my position as registered eg- eing fleet,merely to reflect a change in the registered office address, I hereby co as been fotified in writing of this change.	e performance ent. Or, if this nfirm that the
ву:	C.T. Commission System (Date) (Date)	
If signing on b	penul of an eMegan G. Ware	
	Assistant Secretary	
	(Typed or Printed Name) 4.	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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