2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2011
Secretary of State

DOCUMENT# F10000004694

Entity Name: FIS PRIME ASSOCIATES, INC.

Current Principal Place of Business:

400 PLAZA DR
SECAUCUS, NJ 07094

New Principal Place of Business:

400 PLAZA DRIVE, FL 2
SECAUCUS, NJ 07094

Current Mailing Address:

601 RIVERSIDE AVE
JACKSONVILLE, FL 32204

New Mailing Address:

400 PLAZA DRIVE, FL 2
SECAUCUS, NJ 07094

FEI Number: 11-2633848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: D'ANGELO, FRANK
Address: 400 PLAZA DRIVE, FL 2
City-St-Zip: SECAUCUS, NJ 07094

Title: VP
Name: LOMBARDI, STACEY A
Address: 400 PLAZA DRIVE, FL 2
City-St-Zip: SECAUCUS, NJ 07094

Title: SECD
Name: GRAVELLE, MICHAEL L
Address: 400 PLAZA DRIVE, FL 2
City-St-Zip: SECAUCUS, NJ 07094

Title: TRES
Name: LARSEN, KIRK T
Address: 400 PLAZA DRIVE, FL 2
City-St-Zip: SECAUCUS, NJ 07094

Title: DIR
Name: NORCROSS, GARY A
Address: 400 PLAZA DRIVE, FL 2
City-St-Zip: SECAUCUS, NJ 07094

I hereby 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 all other like empowered.

SIGNATURE: KELLY LETTMANN POA 03/21/2011

Electronic Signature of Signing Officer or Director — Date