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FILED  
May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F92000000210 (6)

1. Corporation Name

AMERICAN EXPRESS CENTURION SERVICES CORPORATION

Principal Place of Business

7777 CENTURION PARKWAY  
JACKSONVILLE FL 32256  
US

Mailing Address

200 VESEY ST  
NEW YORK NY 10281-1009  
US

3. Date Incorporated or Qualified

11/12/1992

3a. Date of Last Report

02/27/1996

4. FEI Number

58-2023511

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

10285

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME SKILLERN, FRANK L  
STREET ADDRESS 200 VESEY STREET  
CITY-ST-ZIP NEW YORK NY 10285

TITLE D ☐ DELETE

NAME LOMBARDO, LOUIS J  
STREET ADDRESS 200 VESEY STREET  
CITY-ST-ZIP NEW YORK NY 10285

TITLE DP ☐ DELETE

NAME BARTON, WILLIAM  
STREET ADDRESS 7777 CENTURION PARKWAY  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☐ DELETE

NAME AHYE, GILBERT E  
STREET ADDRESS 200 VESEY STREET  
CITY-ST-ZIP NEW YORK NY 10285

TITLE S ☐ DELETE

NAME NORMAN, STEPHEN P  
STREET ADDRESS 200 VESEY STREET  
CITY-ST-ZIP NEW YORK NY 10285

TITLE VT ☐ DELETE

NAME ROACH, LARRY T  
STREET ADDRESS 7777 CENTURION PARKWAY  
CITY-ST-ZIP JACKSONVILLE FL 32256

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary 4/2/97

Date

212 640-3144

Daytime Phone #

CR2E034 (9/96)