

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000910

Entity Name: FISERV NCSI, INC.

FILED  
Jan 06, 2004  
Secretary of State

## Current Principal Place of Business:

451 HUNGERFORD DR.  
SUITE 408  
ROCKVILLE, MD 20850

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 979  
BROOKFIELD, WI 530080979

## New Mailing Address:

255 FISERV DRIVE  
BROOKFIELD, WI 53045

FEI Number: 74-1702534

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CD ( ) Delete  
Name: MUMA, LESLIE M  
Address: 255 FISERV DRIVE  
City-St-Zip: BROOKFIELD, WI 53045

Title: VP ( ) Delete  
Name: BECK, GINA  
Address: 451 HUNGERFORD DRIVE  
City-St-Zip: ROCKVILLE, MD 20850

Title: VP ( ) Delete  
Name: JENSEN, KENNETH R  
Address: 255 FISERV DRIVE  
City-St-Zip: BROOKFIELD, WI 53045

Title: CT ( ) Delete  
Name: PRYOR, ALAN V  
Address: 451 HUNGERFORD DR.  
City-St-Zip: ROCKVILLE, MD 20850

Title: AS ( ) Delete  
Name: SPRAGUE, CHARLES W  
Address: 255 FISERV DRIVE  
City-St-Zip: BROOKFIELD, WI 53045

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPS (X) Change ( ) Addition  
Name: BECK, GINA  
Address: 451 HUNGERFORD DRIVE  
City-St-Zip: ROCKVILLE, MD 20850

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

Title: P (X) Change ( ) Addition  
Name: PRYOR, ALAN V  
Address: 451 HUNGERFORD DR.  
City-St-Zip: ROCKVILLE, MD 20850

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHARLES W. SPRAGUE

AS

01/06/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date