

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000910

FILED
Jan 06, 2004
Secretary of State

Entity Name: FISERV NCSI, INC.

Current Principal Place of Business:

451 HUNGERFORD DR.
SUITE 408
ROCKVILLE, MD 20850

New Principal Place of Business:

255 FISERV DRIVE
BROOKFIELD, WI 53045

Current Mailing Address:

P.O. BOX 979
BROOKFIELD, WI 530080979

New Mailing Address:

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