

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90285 022 ***150.00

DOCUMENT.# **F94000000559**

1. Entity Name **First Data Integrated Services Inc**

Principal Place of Business
6200 SOUTH QUEBEC STREET.

Mailing Address

552879

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6200 S. Quebec St.,

3. Mailing Address
6200 S. Quebec St.,

Suite, Apt. #, etc.
Suite 210AS

Suite, Apt. #, etc.
Suite 210AS

City & State
Greenwood Village CO

City & State
Greenwood Village CO

4. FEI Number
47-0772477

Applied For
☐ Not Applicable

Zip
80111-4729

Country

Zip
80111-4729

Country

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS
 Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE	P	Delete
NAME	Myers Robert E	
STREET ADDRESS	6200 S. Quebec Str	
CITY-ST-ZIP	Englewood Co 80111	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Pane, John	
STREET ADDRESS	2121 N. 117th Ave	
CITY-ST-ZIP	Omaha NE 68164	
TITLE	AT	<input type="checkbox"/> Delete
NAME	Massaway, Jim	
STREET ADDRESS	6200 S. Quebec Str	
CITY-ST-ZIP	Englewood Co 80111	
TITLE	AT	<input type="checkbox"/> Delete
NAME	Dembowski, Jerry P.	
STREET ADDRESS	6200 S. Quebec Str	
CITY-ST-ZIP	Englewood Co 80111	
TITLE	D	<input type="checkbox"/> Delete
NAME	Rossi, Thomas A.	
STREET ADDRESS	11718 Nicholas Str	
CITY-ST-ZIP	Omaha NE 68154	
TITLE	D	<input type="checkbox"/> Delete
NAME	Whealy, Michael T.	
STREET ADDRESS	5660 New Northside Dr Suite 1400	
CITY-ST-ZIP	Atlanta GA 30328	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ASST. TREASURER

Date

Daytime Phone #

4/24/01

303-967-7147