2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000559

Entity Name: FIRST DATA INTEGRATED SERVICES INC.

FILED Mar 14, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
6200 S QUEBEC ST. GREENWOOD VILLAGE, CO 801114729 US							
Current Mailing Address:				New Mailing Address:			
6200 S. QUEBEC ST. SUITE 330 GREENWOOD VILLAGE, CO 80111 US				6200 S. QUEBEC ST. SUITE 240 GREENWOOD VILLAGE, CO 80111 US			
FEI Number:	47-0772477 FI	El Number Applied F	or () FEI Nur	nber Not Appl	icable ()	Certificate of St	atus Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US							
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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () Dele MYERS, ROBERT E 10910 MILL VALLEY OMAHA, NE 68154			Title: Name: Address: City-St-Zip:	() Change ()Addit	ion
Title: Name: Address: City-St-Zip:	T () Dele HILBRICH, GREGOR 6200 S. QUEBEC ST GREENWOOD VILL	RY L T.		Title: Name: Address: City-St-Zip:	() Change ()Addit	ion
Title: Name: Address: City-St-Zip:	D () Dele SCHOEDINGER, JAI 6200 S. QUEBEC ST GREENWOOD VILL	MES L T.		Title: Name: Address: City-St-Zip:	DUQUES, HEN 6200 S. QUEB		
Title: Name: Address: City-St-Zip:	D/S () Dele WHEALY, MICHAEL 10825 FARNAM DRI OMAHA, NE 68154	Т		Title: Name: Address: City-St-Zip:	() Change () Addit	ion
Title: Name: Address: City-St-Zip:	VP () Dele BILLAT, JEFFREY R 6200 S. QUEBEC S' GREENWOOD VILL	R TREET		Title: Name: Address: City-St-Zip:	() Change ()Addit	ion
Title: Name: Address: City-St-Zip:	AS () Dele AYRES, NICOLE M 6200 S. QUEBEC GREENWOOD VILL			Title: Name: Address: City-St-Zip:	() Change ()Addit	ion

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: NICOLE M. AYRES AS 03/14/2006