

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006066

Entity Name: ELAVON, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

1 CONOURSE PKWY
STE 300
ATLANTA, GA 30328 US

New Principal Place of Business:

Current Mailing Address:

800 NICOLLET MALL
23RD FLOOR
MINNEAPOLIS, MN 55402 US

New Mailing Address:

FEI Number: 58-1916822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: PRES () Delete
Name: HARVEY, STUART C
Address: ONE CONOURSE PKWY STE 300
City-St-Zip: ATLANTA, GA 30328

Title: ASEC () Delete
Name: SEELEY, CARA L
Address: 800 NICOLLET MALL
City-St-Zip: MINNEAPOLIS, MN 55402

Title: EVP () Delete
Name: COHANE, JOSEPH P
Address: 1 CONOURSE PKWY.
City-St-Zip: ATLANTA, GA 30328

Title: SVP () Delete
Name: DOSTER, MINDY
Address: ONE CONOURSE PARKWAY, STE 300
City-St-Zip: ATLANTA, GA 30328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CARA L SEELEY

ASEC

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date