PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** FILED) Jim Smith **FOR** Secretary of State . REINSTATEME 02 MOV 18 AM 9:53 DIVISION OF CORPORATIONS F95000001492 DOCUMENT # SECRETARY OF STATE TALLAMASSIES, FLORIDA 1. Corporation Name FISERV INVESTOR SERVICES, INC. Principal Place of Business Mailing Address 1900 ST JAMES PLACE 1900 ST JAMES PLACE SUITE 120 **SUITE 120** HOUSTON TX 77056 HOUSTON TX 77056 HS **0000009046310** 11/18/02--01042--021 **!5 If above addresses are incorrect in any way, line through incorrect information and enter correction below. **150.00 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 03/28/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 23-2728489 City & State City & State Not Applicable Zip 6. Country Zip Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director CEO **GLINES, HENRY H** 2103 PLEASANT CREEK-KINGWOOD TX 77345 P Nancu 5005 Georgi Lane Houstonitk 77092 MEHAFFEY, LORRI 5611 ROCKY BROOK DR. KINGWOOD TX 77345 EVP Park Mount Drive katy, TX 77450 1002 FUGATE HOUSTON TX 77009 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

CT Corporation System -CORPORATION SERVICE COMPANY -Street Address (P.O. Box Number is Not Acceptable) -- 1201 HAYS STREET___ 1200 South Pine Island Road TALLAHASSEE FL 32301 Suite, Apt. #, Etc. City

Plantation

33324 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Victor Alfano REGISTERED AGENT MUST SIGN

11/8/02

Zip Code

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Phone 713-350-3700 800-232-5800

1900 St. James Place, Suite 100 Houston, TX 77056

Member NASD, SIPC

November 1, 2002

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: Fiserv Investor Services, Inc.

TID: 23-2728489

Dear Department of State,

Enclosed please find a complete Application for Reinstatement for our corporation and a check for \$150.00 to cover associated fees.

We did not receive the two prior uniform business notices and have since changed our Registered Agent to insure that we receive all future documents in a timely manner.

I appreciate your assistance in this matter. If you have any questions please feel free to contact Tomiko Miller 713-350-3759.

Sincerely,

Jan Geiger

Executive Vice-President

Enclosures