

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F95000002668 (0)

1. Corporation Name

PAYMENTECH NETWORK SERVICES, INC.



Principal Place of Business
4200 W. Cypress St
Suite 500
Tampa, FL 33607

Mailing Address
P.O. Box 650370 MS 09-515
Dallas, TX
75265-0370

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	06/02/1995	59-2850229	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

• OLSON, LYNNE
• GENSAR TECHNOLOGIES INC.
1511 NORTH WESTSHORE BLVD.
TAMPA FL 33607

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

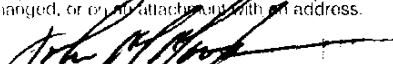
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DECE- SHAH, BIPIN C.	1.1 TITLE	President
NAME	SHAH, BIPIN C.	1.2 NAME	Pamela Patsley
STREET ADDRESS	2800 PAPER MILL ROAD	1.3 STREET ADDRESS	1601 Elm St
CITY-ST-ZIP	HUNTINGDON VALLEY PA 19006	1.4 CITY-ST-ZIP	Dallas, TX 75201
TITLE	DECE- DILLET, GREGORY C.	2.1 TITLE	COO
NAME	DILLET, GREGORY C.	2.2 NAME	Mike Duffy
STREET ADDRESS	2800 PAPER MILL ROAD	2.3 STREET ADDRESS	1601 Elm St.
CITY-ST-ZIP	HUNTINGDON VALLEY PA 19006	2.4 CITY-ST-ZIP	Dallas, TX 75201
TITLE	D- RAUNER, BRUCE	3.1 TITLE	Secretary
NAME	RAUNER, BRUCE	3.2 NAME	Philip Taker
STREET ADDRESS	6100 SEARS TOWER	3.3 STREET ADDRESS	1601 Elm St
CITY-ST-ZIP	CHICAGO IL 60606	3.4 CITY-ST-ZIP	Dallas, TX 75201
TITLE	V STAUB, GARY T	4.1 TITLE	Senior Director-Tax
NAME	STAUB, GARY T	4.2 NAME	John M. Morton
STREET ADDRESS	2800 PAPER MILL ROAD	4.3 STREET ADDRESS	1601 Elm St.
CITY-ST-ZIP	HUNTINGDON VALLEY PA 19006	4.4 CITY-ST-ZIP	Dallas, TX 75201
TITLE	V CONNELLEY, JEFFREY	5.1 TITLE	
NAME	CONNELLEY, JEFFREY	5.2 NAME	
STREET ADDRESS	1511 N WESTSHORE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



John M. Morton

1214/849-2436

CR2E034 (1097)