

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

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # F95000004510 (2)**  
 1. Corporation Name  
**COMDATA TELECOMMUNICATIONS SERVICES, INC.**



Principal Place of Business <b>5301 MARYLAND WAY BRENTWOOD TN 37027</b>	Mailing Address <b>5301 MARYLAND WAY BRENTWOOD TN 37027</b>
--	--

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> <b>21 5301 Maryland Way</b> Suite, Apt. #, etc.		<b>2a. Mailing Address</b> <b>26 5301 Maryland Way</b> Suite, Apt. #, etc.		<b>3. Date Incorporated or Qualified</b> <b>09/15/1995</b>	
<b>22</b> City & State <b>23 Brentwood, TN</b>		<b>27</b> City & State <b>28 Brentwood, TN</b>		<b>4. FEI Number</b> <b>62-1605719</b>	
<b>24</b> Zip <b>37027</b>		<b>25</b> Country <b>USA</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>29</b> Zip <b>37027</b>		<b>30</b> Country <b>USA</b>		<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					

**9. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

**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 <b>PCED</b>	<b>MCTAMSH, GEORGE L.</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>President, CEO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>5301 MARYLAND WAY</b>		1.2 NAME <b>Tony G. Holcombe</b>	
STREET ADDRESS <b>BRENTWOOD TN</b>		1.3 STREET ADDRESS <b>5301 Maryland Way</b>	
CITY-ST-ZIP		1.4 CITY-ST-ZIP <b>Brentwood, TN 37027</b>	
TITLE <b>V</b>	<b>HARRIS, CHARLES P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>5301 MARYLAND WAY</b>		2.2 NAME	
STREET ADDRESS <b>BRENTWOOD TN</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>T</b>	<b>KRIBBS, ROBERT E</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>5301 MARYLAND WAY</b>		3.2 NAME	
STREET ADDRESS <b>BRENTWOOD TN</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<b>WOLVERSON, DAVID</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>5301 MARYLAND WAY</b>		4.2 NAME	
STREET ADDRESS <b>BRENTWOOD TN</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <b>VPS</b>	<b>SHERIDAN, MICHAEL W</b> <input type="checkbox"/> DELETE	5.1 TITLE <b>SEVP S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>5301 MARYLAND AVE</b>		5.2 NAME <b>Michael W. Sheridan</b>	
STREET ADDRESS <b>BRENTWOOD TN</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <b>V</b>	<b>RIDDLE, L G</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>Ex.VP</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>5301 MARYLAND WAY</b>		6.2 NAME <b>H. Scott Armstrong</b>	
STREET ADDRESS <b>BRENTWOOD TN</b>		6.3 STREET ADDRESS <b>5301 Maryland Way</b>	
CITY-ST-ZIP		6.4 CITY-ST-ZIP <b>Brentwood, TN 37027</b>	

**14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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:

*Michael W. Sheridan*

Michael W. Sheridan 4/29/98 615/370-7598

CR2E034 (10/97)