

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90023 043 ***150.00

DOCUMENT # F95000004510

1. Entity Name

COMDATA TELECOMMUNICATIONS SERVICES, INC.

Principal Place of Business

**5301 MARYLAND WAY
 BRENTWOOD TN 37027**

Mailing Address

**3311 E. OLD SHAKOPEERA
 MINNEAPOLIS MN 55425
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3311 E. OLD SHAKOPEE RD

Suite, Apt. #, etc.

ATTN: TAX DEPT

City & State

MINNEAPOLIS MN

Zip

55425

Country

4. FEI Number

62-1605719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **PCEO**
 STREET ADDRESS **KROW, GARY A**
 CITY-ST-ZIP **5301 MARYLAND WAY
 BRENTWOOD TN 37027**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **GRISKA, JASON**
 CITY-ST-ZIP **5301 MARYLAND WY
 BRENTWOOD TN 37207**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **KRIBBS, ROBERT E**
 CITY-ST-ZIP **5301 MARYLAND WAY
 BRENTWOOD TN**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **WOLVERTON, DAVID**
 CITY-ST-ZIP **5301 MARYLAND WAY
 BRENTWOOD TN**

TITLE ☐ Delete
 NAME **SRVP**
 STREET ADDRESS **SHERIDAN, MICHAEL W**
 CITY-ST-ZIP **5301 MARYLAND AVE
 BRENTWOOD TN**

TITLE ☐ Delete
 NAME **AS**
 STREET ADDRESS **MOEN, D T**
 CITY-ST-ZIP **8100 34TH AVE SO
 MINNEAPOLIS MN 55425**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3311 E. OLD SHAKOPEE RD**
 CITY-ST-ZIP **MINNEAPOLIS MN 55425**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURED MOEN, D T
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/02 952-853-5622

CR2E034 (9/01)