

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004510

FILED
Apr 15, 2004
Secretary of State

Entity Name: COMDATA TELECOMMUNICATIONS SERVICES, INC.

Current Principal Place of Business:

5301 MARYLAND WAY
BRENTWOOD, TN 37027

New Principal Place of Business:

Current Mailing Address:

3311 E. OLD SHAKOPEE RD
ATTN: TAX DEPT
MINNEAPOLIS, MN 55425 US

New Mailing Address:

FEI Number: 62-1605719 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE, FL 32301 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: PCEO () Delete
Name: KROW, GARY A
Address: 5301 MARYLAND WAY
City-St-Zip: BRENTWOOD, TN 37027

Title: V () Delete
Name: RODEWALD, BRETT
Address: 5301 MARYLAND WY
City-St-Zip: BRENTWOOD, TN 37207

Title: T () Delete
Name: KRIBBS, ROBERT E
Address: 5301 MARYLAND WAY
City-St-Zip: BRENTWOOD, TN

Title: V () Delete
Name: SUDEMAN, THOMAS E
Address: 5301 MARYLAND WAY
City-St-Zip: BRENTWOOD, TN 37027

Title: SRVP () Delete
Name: SHERIDAN, MICHAEL W
Address: 5301 MARYLAND AVE
City-St-Zip: BRENTWOOD, TN

Title: AS () Delete
Name: MOEN, D T
Address: 3311 E. OLD SHAKOPEE RD
City-St-Zip: MINNEAPOLIS, MN 55425

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
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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 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 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: DAVID T. MOEN

AS

04/15/2004

Electronic Signature of Signing Officer or Director

_____ Date