2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED F95000004510 DOCUMENT # 03 JUN -4 AM 10: 08 1. Entity Name COMDATA TELECOMMUNICATIONS SERVICES, INC. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5301 MARYLAND WAY 3311 E. OLD SHAKOPEE RD **BRENTWOOD TN 37027** ATTN: TAX DEPT MINNEAPOLIS MN 55425 Uŝ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. T CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 62-1605719 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 E PARK AVE** TALLAHASSEE FL 32301 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agant and bits if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCEO TITLE * CR2E034 (10/02) ☐ Defete TITI E Change ■ Addition KROW, GARY A NAME NAME 5301 MARYLAND WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRENTWOOD TN 37027** CITY-ST-ZIP VP - France TITLE **火** Delete TITLE **X** Addition BRETT PODEWILD GRISKA, JASON NAME NAME STREET ADDRESS 5301 MARYLAND WY STREET ADDRESS 5301 MARYLAND WAY CITY-ST-ZIP BRENTWOOD TN 37207 CITY-ST-21P BRENTHOOD TITLE ☐ Delete TITLE ☐ Addition NAME KRIBBS, ROBERT E NAME STREET ADDRESS 5301 MARYLAND WAY STREET ADDRESS CITY-ST-ZIP BRENTWOOD TN CITY-ST-ZIP TITLE VP- PPERATIONS Delete TITLE ☐ Change **Addition** NAME WOLVERTON, DAVID NAME THOMAS E . SUDEMPN STREET ADDRESS 5301 MARYLAND WAY STREET ADDRESS 5301 MARYLAND WAY CITY-ST-ZIP Brentwood tn CITY-ST-ZIP BLENTH OOL SRVP TIME ☐ Delete TITLE ☐ Change ☐ Addition SHERIDAN, MICHAEL W NAME NAME STREET ADDRESS 5301 MARYLAND AVE STREET ADDRESS CITY-ST-7P Brentwood tn CITY-ST-ZIP TITLE ☐ Delete TITLE MOEN, D T NAME NAME 06/03/03-~01092--010 **150.00 3311 É. OLD SHAKOPEE RD STREET ADDRESS STREET ADDRESS MINNEAPOLIS MN 55425 CITY-ST-ZIP CITY-SI-ZIP 12. 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 eropowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

952-863-5600

SIGNATURE: