

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90403 043 ***150.00

DOCUMENT # F95000004765

1. Entity Name
CERTEGY E-BANKING SERVICES, INC.



Principal Place of Business
**11720 AMBER PARK DR.
#600
ALPHARETTA GA 30004
US**

Mailing Address
**11720 AMBER PARK DR.
#600
ALPHARETTA GA 30004
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1921188**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **TOWE, LARRY J**
STREET ADDRESS **11601 N ROOSEVELT BLVD**
CITY-ST-ZIP **ST PETERSBURG FL 33711**

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

TITLE **VDT** ☐ Delete
NAME **SAX, MICHAEL E**
STREET ADDRESS **11601 N ROOSEVELT BLVD**
CITY-ST-ZIP **SAINT PETERSBURG FL 33711**

TITLE **VP T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Delete
NAME **HINES, GERALD A**
STREET ADDRESS **11601 N ROOSEVELT BLVD**
CITY-ST-ZIP **SAINT PETERSBURG FL 33711**

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

TITLE **S** ☒ Delete
NAME **MAST, KENT E**
STREET ADDRESS **1550 PEACHTREE ST**
CITY-ST-ZIP **ATLANTA GA 30309**

TITLE **VPS D** ☐ Change ☒ Addition
NAME **WALTER M. KORCHUN**
STREET ADDRESS **11720 AMBER PARK DR. STE 600**
CITY-ST-ZIP **ALPHARETTA, GA 30004**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP CFO D** ☐ Change ☒ Addition
NAME **MICHAEL T. VOLLKOMMER**
STREET ADDRESS **11720 AMBER PARK DRIVE STE 600**
CITY-ST-ZIP **ALPHARETTA, GA 30004**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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 empowered 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.

SIGNATURE: **GARY M. BERSHIRE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/15/03** Daytime Phone # **678-867-8000**

CR2E034 (10/02)