2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001840

Entity Name: FIRST CARD CORPORATION

MITCHELL, APRILLE M

CHARLOTTE, NC 28288

301 S COLLEGE ST

Name:

Address:

City-St-Zip:

FILED Apr 23, 2009 Secretary of State

•				
Current Principal Place of Business:			New Principal Place	of Business:
	H COLLEGE TE, NC 2828			
Current Mailing Address:			New Mailing Address:	
2711 CENT		ERVICE COMPANY DAD, SUITE 400 D8		
FEI Number:	56-1928887	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
1201 HAYS SUITE 105		CORPORATION SYSTEM, INC		
The above in the State		submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATUR	RE:			
	Electro	nic Signature of Registered Age	ent	Date
Election Carr	npaign Financir	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD (SYMONS, SUS 1525 WT HAR CHARLOTTE,	RIS BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () JENKINS, BEN ONE WACHON CHARLOTTE,	/IA CENTER	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SUTTON, CEC	OVIA CENTER	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	VP () Delete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: APRILLE M. MITCHELL VP 04/23/2009