

DOCUMENT # **F98000000282**

1. Entity Name
CheckFree Services Corporation

Principal Place of Business Mailing Address

**4411 E. Jones Bridge Road
Norcross, GA 30092**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
00 SEP 20 PM 3: 30
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

4. FEI Number **31-1013521** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT 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 releasing) DATE _____

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

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete see attached list | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition No change from last year. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 900003409063-7 09/29/00-01016-024 ****558.75 ****558.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **Curtis A. Loveland** **Curtis A. Loveland, Secretary 9/18/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)

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**LIST OF DIRECTORS AND OFFICERS OF
CHECKFREE SERVICES CORPORATION**

Directors: Peter J. Kight 4411 East Jones Bridge Road, Norcross, GA 30092
Mark A. Johnson 4411 East Jones Bridge Road, Norcross, GA 30092
Peter F. Sinisgalli 4411 East Jones Bridge Road, Norcross, GA 30092

Officers:

Peter J. Kight 4411 East Jones Bridge Road, Norcross, GA 30092
Chairman of the Board,
and Chief Executive Officer

Peter F. Sinisgalla 4411 East Jones Bridge Road, Norcross, GA 30092
President and Chief Operating
Officer

David E. Mangum 4411 East Jones Bridge Road, Norcross, GA 30092
Vice President, Chief
Financial Officer and
Treasurer

Curtis A. Loveland 41 S. High St., Columbus, OH 43215
Secretary

Robert J. Tannous 41 S. High St., Columbus, OH 43215
Assistant Secretary