FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800003748

1. Corporation Name

TRANSACTION SYSTEMS ARCHITECTS, INC.

Principal Place of Business

Mailing Address

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90110 035 ***150.00



224 SOUTH 10 OMAHA NE 681	224 SOUTH 108 AVE. OMAHA NE 68154			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 06/30/1998	
2. Principal Place of Business 2a. Mailing Address						pplied For
21	26			47-0772104N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22	<u>_</u>	27			5. Certificate of Status Desired Fee R	equired
City & State		City & State	City & State			May Be
23	28				Trust Fund Contribution Added	to Fees
Zip	Country	Zip	_ Countr	<i>'</i>	8. This corporation owes the current year Intangible	
24	25 29 30			Personal Property Tax.		
9. Name and Address of Current Registered Agent				Name	10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM			81	Name		
, ,		82	Street	Address (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			83	<u> </u>		<u> </u>
'.5"			0.3	`[
<u> </u>			84	City	FL 85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered						
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	nt signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	ORS IN 12
TILE	PC .	□ DELETE	1.1 TITLE	~	Change	€ Addition
NAME	FISHER, WILLIAM E		1.2 NAME			
STREET ADDRESS	224 SOUTH 108 AVE.			T ADDRESS		
CITY-ST-ZIP	OMAHA NE 68154		1,4 C/TY-			
TITLE			2.1 TITLE		Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS	000 001 001 100 1100			T ADDRESS		
CITY-ST-ZIP	Assists sim assis		2. 4 CITY-ST-ZIP			
TITLE			3.1 TITLE		Change	Addition
NAME	Manage and a		3.2 NAME			
STREET ADDRESS	224 SOUTH 108 AVE.		3.3 STREE	TADDRESS	<u>'</u>	
CITY-ST-ZIP	OMAHA NE 68154		3.4. CITY-	ST-ZIP		_
TITLE			4.1 TITLE		☐ Change	Addition
NAME	DUMAN, GREGORY J		4. 2 NAME		`	
STREET ADDRESS	224 SOUTH 108 AVE.		4.3 STREE	TADORESS		
CITY-ST-ZIP	OMAHA NE 68154		4.4 CITY-	ST-ZIP	<u> </u>	
TITLE			5.1 TITLE		D. Change	Addition
NAME			5.2 NAME		Charles Noell	
STREET ADDRESS			5.3 STREE	TADDRESS	12680 High Bluff Drive #200	
CITY-ST-ZIP			5.4 CITY-5	T-ZIP	San Diego, CA 92130-2002	
TITLE		☐ DELETE	6.1 TITLE		D Change	☐ Addition
NAME			6.2 NAME		Promod Hague	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or of an attachment with an address, with all other like empowered.

SIGNATURE

CITY-ST-ZIP

63 STREET ADDRESS 245 Lytton Ave., Suite 250