

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90180 010 \*\*\*150.00

**DOCUMENT # F98000003748**

1. Entity Name  
**TRANSACTION SYSTEMS ARCHITECTS, INC.**



Principal Place of Business  
**224 SOUTH 108 AVE.  
OMAHA, NE 68154**

Mailing Address  
**224 SOUTH 108 AVE.  
OMAHA, NE 68154**

**40028820**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**47-0772104**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when re-registering.)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing:  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete  
NAME **SEYMOUR, HARLAN F**  
STREET ADDRESS **12106 COUNTRY HILLS CT**  
CITY-ST-ZIP **GLEN ALLEN, VA 23059**

TITLE **PCEO** ☐ Delete  
NAME **DERKACHT, GREGORY D**  
STREET ADDRESS **224 S 108TH AVENUE**  
CITY-ST-ZIP **OMAHA, NE 68154**

TITLE **S** ☐ Delete  
NAME **BYRNES, DENNIS P**  
STREET ADDRESS **224 S 108TH AVE**  
CITY-ST-ZIP **OMAHA, NE 68154**

TITLE **T** ☐ Delete  
NAME **BANKHEAD, DAVID R**  
STREET ADDRESS **224 S 108TH AVE.**  
CITY-ST-ZIP **OMAHA, NE 68154**

TITLE **D** ☐ Delete  
NAME **KEVER, JIM D**  
STREET ADDRESS **BUILDING III-SUITE C-22, 5123 VIRGINIA WAY**  
CITY-ST-ZIP **BRENTWOOD, TN 37027**

TITLE **D** ☐ Delete  
NAME **SANCHEZ, FRANK R**  
STREET ADDRESS **40 VALLEY STREAM PARKWAY**  
CITY-ST-ZIP **MALVERN, PA 19355**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **John E. Stokely**  
STREET ADDRESS **5532 Mayland Ct.**  
CITY-ST-ZIP **Richmond, VA 23233**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-24-05**

Date

Daytime Phone #