2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2006 8:00 am Secretary of State

Pinnicipal Place of Business Askilling Address 24 SURTH 108 AVE	DOCUMENT # F9800003748 1. Entity Name TRANSACTION SYSTEMS ARCHITECTS, INC.					03-03-2006 90114 050 ***150.00			
2. Principal Place of Business 3. Mailing Address 5. Mailing Address 6. Centry 7. Mailing Address 6. Centry 7. Mailing Address 6. Centry 7. Mailing Address 6. Centropy 7. Mailing Address 6. Centropy 7. Mailing Address 6. Centropy 7. Maine and Address of Current Registered Agent 7. Maine and Address of New Registered Agent 7. Maine an	Principal Plac	e of Business	Mailing Address						
2. Principal Place of Business 3. Mailing Address 5. Suite. Apt. #, etc. 5. Certificate of Status Desired \$4.75 Additional Fee Sequence \$4.75 Additi									
Suite, Apt. #, etc. Suite, Apt. #, etc.	OMAHA, NE	68154	OMAHA, NE 68154						
Suite, Apt. #, etc. Suite, Apt. #, etc.									
City & State			3. Mailing Address						
Energy Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01172006	Chg-P	CR2E034 (11/05)	
Signary (Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required Representation See Required See Re	City & Stat	e	City & State			1		——————————————————————————————————————	<u> </u>
S. Name and Address of Current Registered Agent C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 8. The above named entity submits this statement for the outpose of changing its registered edition or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, yood or period name of registered agent and tied it acadeable. PILE NOWILL FEE IS \$150.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE C. OFFICERS AND DIRECTORS SIRRET ADDRESS SIRRET ADDRESS SIRRET ADDRESS LEEN ALLEN, N. 23099 DERKACHT, GREGORY D SIRRET ADDRESS LEEN ALLEN, N. 23099 DERKACHT, GREGORY D SIRRET ADDRESS LEEN ALLEN, N. 23099 DERKACHT, GREGORY D SIRRET ADDRESS LEEN ALLEN, N. 23099 DERKACHT, GREGORY D SIRRET ADDRESS LEEN ALLEN, N. 23099 DERKACHT, GREGORY D SIRRET ADDRESS LEEN ALLEN, N. 23099 DERKACHT, GREGORY D SIRRET ADDRESS SIRRET ADDRESS LEEN ALLEN, N. 23099 LEEN ALLEN, N. 23099 LEEN ALLEN, N. 23099 LEEN ALLEN, N. 23099 DERKACHT, GREGORY D SIRRET ADDRESS SIRRET ADDRESS SIRRET ADDRESS LEEN ALLEN, N. 23099 LEEN ALLEN,	Zip	Country	Zip	Country		1	•	□ \$8.75 Add	ditional
Name Name Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent				<u></u>	Fee Required	d
Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code			Hogierian Carri	Nar	пе	Fr maning and		togionion rigini	
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 Sign				Stre	Street Address (P.O. Box Number is Not Acceptable)				
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### PATH CONTROLLING CONTROLLI	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.								
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TITLE	After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees								
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2. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of 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 or an attachment with an address, with all other like empowered.

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SIGNATURE AND SPEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-06

402-390-8993

Daytime Phone #