

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003748

FILED
Apr 29, 2008
Secretary of State

Entity Name: TRANSACTION SYSTEMS ARCHITECTS, INC.

Current Principal Place of Business:

120 BROADWAY
SUITE 3350
NEW YORK, NY 10271

New Principal Place of Business:

Current Mailing Address:

224 SOUTH 108 AVE.
OMAHA, NE 68154

New Mailing Address:

FEI Number: 47-0772104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SEYMOUR, HARLAN F
Address: 12106 COUNTRY HILLS CT
City-St-Zip: GLEN ALLEN, VA 23059

Title: PD () Delete
Name: HEASLEY, PHILIP
Address: 120 BROADWAY, SUITE 3350
City-St-Zip: NEW YORK, NY 10271

Title: S () Delete
Name: BYRNES, DENNIS P
Address: 224 S 108TH AVE
City-St-Zip: OMAHA, NE 68154

Title: T () Delete
Name: LYONS, HENRY C
Address: 120 BROADWAY, SUITE 3350
City-St-Zip: NEW YORK, NY 10271

Title: D () Delete
Name: KEVER, JIM D
Address: BUILDING III-SUITE C-22, 5123 VIRGINIA WAY
City-St-Zip: BRENTWOOD, TN 37027

Title: D () Delete
Name: STOKELY, JOHN E
Address: 3532 MAYLAND CT
City-St-Zip: RICHMOND, VA 23233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MAKI, CRAIG
Address: 120 BROADWAY, SUITE 3350
City-St-Zip: NEW YORK, NY 10271

Title: D (X) Change () Addition
Name: SHAY, JOHN M
Address: 120 BROADWAY, SUITE 3350
City-St-Zip: NEW YORK, NY 10271

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DENNIS P. BYRNES

S

04/29/2008

Electronic Signature of Signing Officer or Director

Date