2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006
Secretary of State

DOCUMENT# F98000003992

Entity Name: AMERICAN ASSOCIATION FOR FINANCIAL INSTITUTION SERVICES CORPORATION

Current Principal Place of Business:

C/O ASSURANT GROUP
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

C/O ASSURANT GROUP
11222 QUAIL ROOST DRIVE
MIAMI, FL 33157

New Mailing Address:

FEI Number: 75-2337610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BECK, JERRY D
Address: 1410 WHITE CHAPEL ROAD
City-St-Zip: SOUTHLAKE, TX 76092 SD

Title: SD ( ) Delete
Name: HEGGEN, ARTHUR
Address: 9611 SOUTHWEST 72ND COURT
City-St-Zip: MIAMI, FL

Title: T ( ) Delete
Name: CASTELO, ENRIQUE
Address: 9756 N.W. 29TH ST.
City-St-Zip: MIAMI, FL

Title: DP ( ) Delete
Name: COOPER, MARK
Address: POBOX 535578
City-St-Zip: GRAND PRAIRIE, TX 75053

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR HEGGEN SD 01/12/2006

Electronic Signature of Signing Officer or Director — Date