

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

05-19-2001 90285 023 \*\*\*150.00

**DOCUMENT #** F98006006330

**1. Entity Name** First Data Pos Inc

**Principal Place of Business**  
 6200 SOUTH QUEBEC STREET.

**Mailing Address**

**2. Principal Place of Business**  
 6200 S. Quebec St.,

**3. Mailing Address**  
 6200 S. Quebec St.,

**Suite, Apt. #, etc.**  
 Suite 210AS

**Suite, Apt. #, etc.**  
 Suite 210AS

**City & State**  
 Greenwood Village CO

**City & State**  
 Greenwood Village CO

**4. FEI Number**  
 58-1546395

**Applied For**  
 Not Applicable

**Zip**  
 80111-4729

**Country**

**Zip**  
 80111-4729

**Country**

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY**  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

**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.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

**10. ADDITIONS/CHANGES**

**TITLE** D ☐ Delete  
**NAME** Fote, Charles T.  
**STREET ADDRESS** 6200 S. Quebec Str.  
**CITY-ST-ZIP** Englewood Co 80111

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

**TITLE** D ☐ Delete  
**NAME** Whealy, Michael T.  
**STREET ADDRESS** 5660 New Northside Dr St 1400  
**CITY-ST-ZIP** Atlanta GA 30328

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

**TITLE** AS ☐ Delete  
**NAME** Abelman, Henry M.  
**STREET ADDRESS** 5660 New Northside Dr St 1400  
**CITY-ST-ZIP** Atlanta GA 30328

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

**TITLE** AT ☐ Delete  
**NAME** Dembowski, Jerry P.  
**STREET ADDRESS** 6200 S. Quebec Str  
**CITY-ST-ZIP** Englewood Co 80111

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

**TITLE** P ☐ Delete  
**NAME** Horne, William B.  
**STREET ADDRESS** 5660 New Northside Dr Suite 1400  
**CITY-ST-ZIP** Atlanta GA 30328

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

**TITLE** AS ☐ Delete  
**NAME** Martin, Dallas R.  
**STREET ADDRESS** 6200 S. Quebec Str  
**CITY-ST-ZIP** Englewood Co 80111

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

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ASST. TREASURER

Date

Daytime Phone #

4/24/01

303-967-7147