2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004
Secretary of State

DOCUMENT# F98000006519

Entity Name: BANKCARD INVESTIGATIVE GROUP INC.

Current Principal Place of Business:

6200 S QUEBEC STREET
SUITE 210AS
GREENWOOD VILLAGE, CO 801114729

New Principal Place of Business:

6200 S QUEBEC STREET
GREENWOOD VILLAGE, CO 801114729

Current Mailing Address:

6200 S QUEBEC STREET
GREENWOOD VILLAGE, CO 801114729

New Mailing Address:

6200 S QUEBEC STREET
SUITE 330
GREENWOOD VILLAGE, CO 801114729

FEI Number: 58-2368158 **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 323012525 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: AS ( ) Delete
Name: ABELMAN, HENRY M
Address: 5660 NEW NORTHSIDE DRIVE SUITE 1400
City-St-Zip: ATLANTA, GA 30328

Title: P ( ) Delete
Name: DEGEN, ROBERT C
Address: 5660 NEW NORTHSIDE DRIVE SUITE 1400
City-St-Zip: ATLANTA, GA 30328

Title: AS ( ) Delete
Name: SKENE-STIMAC, PHYLLIS
Address: 6200 S. QUEBEC ST.
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: AS ( ) Delete
Name: ANDERSON, STANLEY J
Address: 10825 OLD MILL ROAD
City-St-Zip: OMAHA, NE 68154

Title: VP ( ) Delete
Name: RITTER, DUANE
Address: 5660 NEW NORTHSIDE DRIVE 1400
City-St-Zip: ATLANTA, GA 30328

Title: AS ( ) Delete
Name: ROSSI, THOMAS A
Address: 10825 OLD MILL ROAD
City-St-Zip: OMAHA, NE 68164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/D (X) Change ( ) Addition
Name: WHEALY, MICHAEL T
Address: 10825 OLD MILL ROAD
City-St-Zip: OMAHA, NE 68154

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:

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 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 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: PHYLLIS SKENE-STIMAC AS 04/09/2004
Electronic Signature of Signing Officer or Director — Date