2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# F98000006519

Entity Name: BANKCARD INVESTIGATIVE GROUP INC.

Current Principal Place of Business:

6200 S QUEBEC STREET
GREENWOOD VILLAGE, CO 801114729

New Principal Place of Business:

Current Mailing Address:

6200 S QUEBEC STREET
SUITE 260A
GREENWOOD VILLAGE, CO 801114729

New Mailing Address:

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: D/VP ( ) Delete
Name: ANDERSEN, STANLEY J
Address: 6855 PACIFIC STREET
City-St-Zip: OMAHA, NE 68106

Title: P ( ) Delete
Name: HEAVEY, KIM
Address: 6200 SOUTH QUEBEC ST
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: AS ( ) Delete
Name: ATKINS, JOHN G
Address: 6200 S. QUEBEC ST.
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: D ( ) Delete
Name: MADSEN, JAN
Address: 6855 PACIFIC STREET
City-St-Zip: OMAHA, NE 68106

Title: T ( ) Delete
Name: JACOBS, MICHAEL A
Address: 6200 S. QUEBEC STREET
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: S ( ) Delete
Name: MONEY, DAVID R
Address: 6200 S QUEBEC STREET
City-St-Zip: GREENWOOD VILLAGE, CO 80111

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: D (X) Change ( ) Addition
Name: WALL, PHILIP M
Address: 6200 S QUEBEC STREET
City-St-Zip: GREENWOOD VILLAGE, CO 80111

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 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: JOHN G. ATKINS AS 03/20/2009

Electronic Signature of Signing Officer or Director — Date