

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004151

FILED
Mar 12, 2007
Secretary of State

Entity Name: TSYS TOTAL DEBT MANAGEMENT, INC.

Current Principal Place of Business:

6356 CORLEY ROAD
NORCROSS, GA 30071

New Principal Place of Business:

Current Mailing Address:

6356 CORLEY ROAD
NORCROSS, GA 30071

New Mailing Address:

FEI Number: 58-2485151

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: KINNEY, CHARLES
Address: 8250 SENTINAE CHASE DR
City-St-Zip: ROSWELL, GA 30076

Title: SCOO () Delete
Name: MASON, THOMAS A
Address: 200 BOCA CIEGA CT.
City-St-Zip: ALPHARETTA, GA 30022

Title: S () Delete
Name: MASON, THOMAS
Address: 200 BOCA CIEGA CT.
City-St-Zip: ALPHARETTA, GA 30022

Title: D () Delete
Name: MARKS, ANDREW
Address: 162 WESTMORELAND ROAD
City-St-Zip: COLUMBUS, GA 31904

Title: D () Delete
Name: PETTIS, ALLEN
Address: 2714 SUE MACK DRIVE
City-St-Zip: COLUMBUS, GA 31906

Title: D () Delete
Name: WEAVER, DORENDA K
Address: 6436 FALL BRANCH DR.
City-St-Zip: COLUMBUS, GA 31904

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MASON

S

03/12/2007

Electronic Signature of Signing Officer or Director

Date