FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G53596 (4)

1. Corporation Name
CREDIT CARD SOFTWARE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
900 WINDERLEY PL. P.O.BOX 5575 MAITLAND FL 32751	900 WINDERLEY PL. P.O.BOX 5575 MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/10/1983
3a. Date of Last Report: 06/24/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-2349007 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BIONDO, P. R
1089 CROSS CUT WAY
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name: RONALD S. WEBSTER
82 Street Address (P.O. Box Number is Not Acceptable): WHITTAKER, STUMP, WEBSTER & MILLER, PA
83: 201 N. MAGNOLIA AVE SUITE 300
84 City: ORLANDO FL 85 Zip Code: 32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: RONALD S. WEBSTER DATE: 4/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	11 TITLE	☐ Change ☐ Addition
NAME	GRUBB, STEPHEN B	12 NAME	
STREET ADDRESS	2765 N. HILLS DR.	13 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	STRANGE, J. L	22 NAME	
STREET ADDRESS	2724 MEADOW CHURCH RD.	23 STREET ADDRESS	
CITY-ST-ZIP	DULUTH GA	24 CITY-ST-ZIP	
TITLE	PT	31 TITLE	T
NAME	MUSSER, JENNIFER	32 NAME	JENNIFER R. MUSSER
STREET ADDRESS	106 LONGHORN RD	33 STREET ADDRESS	106 LONGHORN RD.
CITY-ST-ZIP	WINTER PARK FL	34 CITY-ST-ZIP	WINTER PARK, FL
TITLE	S	41 TITLE	S
NAME	BIONDO, P. RICHARD	42 NAME	BONNIE HERRON
STREET ADDRESS	1089 CORSS CRT WAY	43 STREET ADDRESS	C/O INTELLIGENT SYSTEMS CORPORATION
CITY-ST-ZIP	LONGWOOD FL	44 CITY-ST-ZIP	4355 SHACKLEFORD RD. NORECROSS, GA 30093
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qua[illegible] certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jennifer R Musser 4/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048783 CF