

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005354

FILED
Jan 05, 2011
Secretary of State

Entity Name: FLEETCOR TECHNOLOGIES OPERATING COMPANY, LLC

Current Principal Place of Business:

655 ENGINEERING DR.
SUITE 300
NORCROSS, GA 30092 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1850
COVINGTON, LA 70434 US

New Mailing Address:

1001 SERVICE RD EAST HWY 190
SUITE 200
COVINGTON, LA 70434 US

FEI Number: 20-2008209

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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: CLARK, RONALD F
Address: 655 ENGINEERING DRIVE SUITE 300
City-St-Zip: NORCROSS, GA 30092

Title: MGR
Name: CARROLL, JOHN R
Address: 655 ENGINEERING DRIVE SUITE 300
City-St-Zip: NORCROSS, GA 30092

Title: MGR
Name: EVANS, BRUCE R
Address: 655 ENGINEERING DRIVE, SUITE 300
City-St-Zip: NORCROSS, GA 30092

Title: MGR
Name: BERYLSON, JOHN G
Address: 655 ENGINEERING DRIVE, SUITE 300
City-St-Zip: NORCROSS, GA 30092

Title: MGR
Name: STULL, STEVEN
Address: 655 ENGINEERING DRIVE, SUITE 300
City-St-Zip: NORCROSS, GA 30092

Title: MGR
Name: MARSCHEL, GLENN W
Address: 655 ENGINEERING DRIVE, SUITE 300
City-St-Zip: NORCROSS, GA 30092

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: STEVE PISCIOTTA

TRS

01/05/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date