2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2008
Secretary of State

DOCUMENT# M05000005939

Entity Name: SUPERIOR BANKCARD SERVICE LLC

Current Principal Place of Business:

C/O INTUIT INC., ATTN: JACKIE LIM
2700 COAST AVENUE
MOUNTAIN VIEW, CA 94043

New Principal Place of Business:

C/O INTUIT INC., ATTN: GINA GAXIOLA
2700 COAST AVENUE
MOUNTAIN VIEW, CA 94043

Current Mailing Address:

C/O CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 30-0305788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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	( ) Delete
Name:	INNOVATIVE MERCHANT, SOLUTIONS LLC	
Address:	C/O INTUIT INC., 2700 COAST AVENUE	
City-St-Zip:	MOUNTAIN VIEW, CA 94043	
Title:	P	( ) Delete
Name:	WISE, PAUL	
Address:	C/O INTUIT INC., 2700 COAST AVENUE	
City-St-Zip:	MOUNTAIN VIEW, CA 94043	
Title:	VP	( ) Delete
Name:	HANK, JEFFREY P	
Address:	2700 COAST AVENUE	
City-St-Zip:	MOUNTAIN VIEW, CA 94043	
Title:	VP	( ) Delete
Name:	LAWSON, ROBERT	
Address:	2700 COAST AVENUE	
City-St-Zip:	MOUNTAIN VIEW, CA 94043	
Title:	S	( ) Delete
Name:	COZZENS, TYLER R	
Address:	2700 COAST AVENUE	
City-St-Zip:	MOUNTAIN VIEW, CA 94043	
Title:	AS	( ) Delete
Name:	LAIDLAW, JEANNETTE C	
Address:	2700 COAST AVENUE	
City-St-Zip:	MOUNTAIN VIEW, CA 94043	

ADDITIONS/CHANGES:

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 exemption stated in Chapter 119, Florida Statutes. I further 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: TYLER COZZENS S 05/28/2008

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