

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005299

FILED
May 01, 2009
Secretary of State

Entity Name: FIS CORE PROCESSING SERVICES, LLC

Current Principal Place of Business:

601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

601 RIVERSIDE AVENUE
C/O LEGAL DEPT.
JACKSONVILLE, FL 32204

New Mailing Address:

601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

FEI Number: 71-0405375 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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGRM () Delete
Name: FIS INTEGRATED FINANCIAL SOLUTIONS, LLC
Address: 601 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FIDELITY INFORMATION SERVICES, INC.
Address: 601 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

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: JANE LOUIS

POA

05/01/2009

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