FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 13 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30168 (1)

1. Corporation Name

CARD SERVICES FOR CREDIT UNIONS, INC.

Principal Place of Business	Mailing Address
%PERRY M. DAWSON 6801 E. HILLSBOROUGH AVENUE TAMPA FL 33610	%PERRY M. DAWSON 6801 E. HILLSBOROUGH AVENUE TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1989
3a. Date of Last Report: 06/17/1994
4. FEI Number: 59-2941216 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DAWSON, PERRY M.
6801 E. HILLSBOROUGH AVENUE
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	DAWSON, PERRY M.	1.2 NAME	
STREET ADDRESS	6101 - 34TH ST., W., 24-C	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	VTD. ☒ Change ☐ Addition
NAME	KOURIS, STANLEY	2.2 NAME	
STREET ADDRESS	9373 MIDDLEBELT ROAD	2.3 STREET ADDRESS	James W. West
CITY-ST-ZIP	LIVONIA MI	2.4 CITY-ST-ZIP	715 Market St Chattanooga, TN 37402
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	BURNISKE, RON L.	3.2 NAME	
STREET ADDRESS	160 NEWTOWN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	COEY, JOSEPH S.	4.2 NAME	
STREET ADDRESS	6501 INDIAN SCHOOL ROAD	4.3 STREET ADDRESS	800001429648 -03/15/95--01022--003
CITY-ST-ZIP	ALBUQUERQUE NM	4.4 CITY-ST-ZIP	****130.00 ☐ Change ☒ Addition
TITLE	D	5.1 TITLE	
NAME	DEMARCO, TONY	5.2 NAME	
STREET ADDRESS	365 LAKEVILLE RD., MS-1-S-115	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREAT NECK NY	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	RECTOR, LES	6.2 NAME	
STREET ADDRESS	3720 EAST 31ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK	6.4 CITY-ST-ZIP	3/13

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added to the document with an address.

SIGNATURE: [signature] 3/6/95 813-886-5000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0014003