

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
01/12/1989

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21 5301 W IDLEWILD AVE

26 5301 W IDLEWILD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State
TAMPA FL

23 TAMPA FL

28 TAMPA FL

24 Zip

25 Country

33634

USA

29 Zip

30 Country

33634

USA

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
JOSEPH S COEY

82 Street Address (P.O. Box Number is Not Acceptable)
5301 WEST IDLEWILD AVENUE

83

84 City
TAMPA

FL

85 Zip Code
33634

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE JOSEPH S COEY

Signature, typed or printed name of registered agent and title if applicable

(If Not Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
D	DAWSON, PERRY M.	6101 - 34TH ST., W., 24-C	BRADENTON FL	<input checked="" type="checkbox"/>
VTD	WEST, JAMES W.	715 MARKET ST	CHATTANOOGA TN	<input checked="" type="checkbox"/>
PD	BURNISKE, RON L.	160 NEWTOWN ROAD	VIRGINIA BEACH VA	<input type="checkbox"/>
VD	COEY, JOSEPH S.	6501 INDIAN SCHOOL ROAD	ALBUQUERQUE NM	<input type="checkbox"/>
D	DEMARCO, TONY	365 LAKEVILLE RD., MS-1-S-115	GREAT NECK NY	<input type="checkbox"/>
SD	RECTOR, LES	3720 EAST 31ST	TULSA OK	<input type="checkbox"/>

13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
DIRECTOR	ROBERT W BREAM	125 E ALGONQUIN ROAD	ARLINGTON HEIGHTS IL 60005	DIRECTOR	LINDA SWEET	3111 WISSERMANN	SACRAMENTO CA 95826					CHAIRMAN	COEY, JOSEPH S	6501 INDIAN SCHOOL ROAD	ALBUQUERQUE NM 87110					VICE CHAIRMAN	RECTOR, LES	3720 EAST 31st	TULSA OK 74159

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)(k), 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 on an attachment with an address

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH S COEY

Date

Daytime Phone #

0011872

CR2E037 (3/96)