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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

5301 W IDLEWILD AVE
6801 E. HILLSBOROUGH AVENUE
TAMPA FL 33634
US

5301 W IDLEWILD AVE
6801 E. HILLSBOROUGH AVENUE
TAMPA FL 33634-8032
US

3. Date Incorporated or Qualified
01/12/1989

3a. Date of Last Report
07/17/1996

2. Principal Place of Business

2a. Mailing Address

21 11601 Roosevelt Blvd
Suite, Apt. #, etc.

26 11601 Roosevelt Blvd
Suite, Apt. #, etc.

22 City & State
23 St. Petersburg, FL

27 City & State
28 St. Petersburg, FL

24 33716 25 U.S.

29 33716 30 U.S.

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

COEY, JOSEPH
5301 W IDLEWILD AVE
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 11601 Roosevelt Blvd

84 City

St. Petersburg

FL

85 Zip Code

33716

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

X

Joseph S. Coey

X 5/12/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BREAM, ROBERT W
STREET ADDRESS 125 E ALGONQUIN RD
CITY-ST-ZIP ARLINGTON HEIGHTS IL ☐ DELETE

TITLE D
NAME SWEET, LINDA
STREET ADDRESS 3111 WISSERMANN
CITY-ST-ZIP SACRAMENTO CA ☒ DELETE

TITLE PD
NAME BURNISKE, RON L.
STREET ADDRESS 160 NEWTOWN ROAD
CITY-ST-ZIP VIRGINIA BEACH VA ☐ DELETE

TITLE VD
NAME COEY, JOSEPH S.
STREET ADDRESS 6501 INDIAN SCHOOL ROAD
CITY-ST-ZIP ALBUQUERQUE NM ☐ DELETE

TITLE D
NAME DEMARCO, TONY
STREET ADDRESS 365 LAKEVILLE RD., MS-1-S-115
CITY-ST-ZIP GREAT NECK NY ☒ DELETE

TITLE SD
NAME RECTOR, LES
STREET ADDRESS 3720 EAST 31ST
CITY-ST-ZIP TULSA OK ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME Bob HUNT
2.3 STREET ADDRESS 1551 South 9th St.
2.4 CITY-ST-ZIP Kalamazoo, MI 49009

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Director ☐ Change ☒ Addition
5.2 NAME Pat McGlady
5.3 STREET ADDRESS 5121 Whiteford
5.4 CITY-ST-ZIP Sylvania, OH 43560

6.1 TITLE Ralph Canterbury Director ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS 1453 Beers School Rd.
6.4 CITY-ST-ZIP Moon Township, PA 15108

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE Joseph S. Coey

X

Joseph S. Coey

X 5/12/97

505-889-2511

CR2E037 (9/96)