| FILE NOW: FILING FEE IS \$61.25                                                                        |                                       |                                      |                                        |                          |                                                          | FILED                             |                                                                   |                                                 |
|--------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------|----------------------------------------|--------------------------|----------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------|-------------------------------------------------|
|                                                                                                        |                                       |                                      | FLORIDA DEPART                         | RIDA DEPARTMENT OF STATE |                                                          |                                   | 1 Apr 15 10                                                       | 00 8.00 am                                      |
|                                                                                                        | IPORATION JAL REPORT                  | Sendra B. Mortham Secretary of State |                                        |                          |                                                          |                                   | _                                                                 | 998 8:00am                                      |
| 1998                                                                                                   |                                       |                                      | DIVISION OF CORPORATIONS               |                          |                                                          |                                   | Secretai                                                          | ry of State                                     |
| DOCUMENT # N30168 (1)                                                                                  |                                       |                                      |                                        |                          |                                                          |                                   |                                                                   |                                                 |
| CARD SERVICES FOR CREDIT UNIONS, INC.                                                                  |                                       |                                      |                                        |                          |                                                          |                                   |                                                                   | dii Bibli Bidii Titli Bebis Bibli Bidii 1881    |
|                                                                                                        |                                       |                                      |                                        |                          |                                                          |                                   |                                                                   |                                                 |
| Principal Place of Business Mailing Address                                                            |                                       |                                      |                                        |                          |                                                          |                                   | i indiliitik mita iiiili dilimi ilihid milai id                   | ike dinger dianer maner midte delbet gemer ende |
| 11801 ROOSEVELT BLVD ST PETERSBURG FL 33716 11801 ROOSEVELT BLVD ST PETERSBURG FL 33716                |                                       |                                      |                                        |                          |                                                          | 3. Date Incorporated or Qualified |                                                                   |                                                 |
| US                                                                                                     |                                       | US                                   |                                        |                          |                                                          | 01/12/1989<br>4. FEI Number       | Applied For                                                       |                                                 |
|                                                                                                        |                                       |                                      |                                        |                          |                                                          |                                   | 59-2941216                                                        | Not Applicable                                  |
| 2. Principal Pl                                                                                        | lace of Business                      | 26 Mail                              | 2a. Mailing Address                    |                          |                                                          |                                   | 5. Certificate of Status Desired                                  | S8.75 Additional Fee Required                   |
|                                                                                                        |                                       |                                      | ilte, Apt. #, etc.                     |                          |                                                          |                                   | Election Campaign Financing     Trust Fund Contribution           | \$5.00 May Be Added to Fees                     |
|                                                                                                        | City & State                          |                                      |                                        |                          |                                                          |                                   | 7. Is this nonprofit corporation a hor                            | meowners association?                           |
| <b>23</b> Zip                                                                                          | Country                               | 28 Zip                               |                                        | Cour                     | itry                                                     |                                   | 8. This corporation owes or has paid                              | d the current year Intengible                   |
| 24                                                                                                     | 9. Name and Address of Curren         | 29<br>nt Registered                  | Agent 3                                |                          |                                                          |                                   | Personal Property Tax due June :  10. Name and Address of New Reg |                                                 |
|                                                                                                        |                                       |                                      | ······································ |                          | 81 Name                                                  | )                                 |                                                                   |                                                 |
| COEY, JOSEPH<br>11601 ROOSEVELT BLVD                                                                   |                                       |                                      |                                        |                          | 82 Street Address (P.O. Box Number is Not Acceptable)    |                                   |                                                                   |                                                 |
| ST PETERSBURG FL 33716                                                                                 |                                       |                                      |                                        | <u> </u>                 | B3                                                       |                                   |                                                                   |                                                 |
|                                                                                                        |                                       |                                      |                                        | <u> </u>                 | 94 City                                                  |                                   |                                                                   | FL 85 Zip Code                                  |
| 11. Pursuant I                                                                                         | to the provisions of Sections 617.050 | 2 and 617.15                         | 08, Florida Statutes                   | , the ab                 | ove-named                                                | corpo                             | ration submits this statement for the pu                          | roose of changing its registered                |
| agent. I a                                                                                             | m familiar with, and accept no oblig  | tions of, Sec                        | tion 617.0503, Flori                   | da Statu                 | tes.                                                     | poratio                           | n's board of directors. I hereby accept 4/1/                      | tine appointment as registered                  |
| SIGNATURE Signature, band of frinked from of registered agent of Albe II applicable. (NOTE: Registered |                                       |                                      |                                        |                          | istered Agent algoriture required when reinstating) DATE |                                   |                                                                   |                                                 |
| 12.                                                                                                    | OFFICERS AN                           | DIRECTOR                             | S DELETÉ                               | 13.                      | -                                                        |                                   | ADDITIONS/CHANGES TO OFFICE                                       | ERS AND DIRECTORS IN 12  Change Addition        |
| NAME                                                                                                   | BREAM, ROBERT W                       |                                      |                                        | 1.2 NA                   |                                                          | l Por                             | h street                                                          |                                                 |
| STREET ADDRESS                                                                                         | 125 E ALGONQUIN RD                    |                                      |                                        | 1.3 STR                  | EET ADDRESS                                              | ~                                 | DO NOITH HARBOR                                                   | BIVD                                            |
| CITY-ST-ZIP                                                                                            | ARLINGTON HEIGHTS IL                  |                                      | DELETE                                 |                          | Y+ST-ZIP                                                 | ++                                | A HABLE , CA. 9003                                                | Change D Addition                               |
| TITLE<br>NAME                                                                                          | HUNT, BOB                             |                                      | C OEEE                                 | 2.1 TITI<br>2.2 NAJ      |                                                          | 170                               | HN FIDRE                                                          | _ •                                             |
| STREET ADDRESS                                                                                         | 1551 SOUTH 9TH ST                     |                                      |                                        | 2.9 STR                  | EET ADDRESS                                              | 120                               | SE E Algonquin R                                                  | <i>ب</i>                                        |
| CITY-ST-ZIP                                                                                            | KALAMAZOO MI<br>PD                    |                                      | DELETE                                 |                          | Y-ST-ZIP                                                 | Sc                                | mumburg, IL                                                       | Change Addition                                 |
| TITLE<br>NAME                                                                                          | BURNISKE, RON L.                      |                                      | CJ bettie                              | 3.1 TITI<br>3.2 NAJ      |                                                          |                                   |                                                                   |                                                 |
| STREET ADDRESS                                                                                         | 160 NEWTOWN ROAD                      |                                      |                                        |                          | EET ADDRESS                                              |                                   |                                                                   |                                                 |
| CITY-ST-ZIP                                                                                            | VIRGINIA BEACH VA                     |                                      | Lagrere                                |                          | Y-ST-ZIP                                                 | <b>—</b>                          |                                                                   |                                                 |
| TITLE<br>NAME                                                                                          | VO<br>COEY, JOSEPH S.                 |                                      | DELETE                                 | 4.1 TITI<br>4, 2 NA      |                                                          | İ                                 |                                                                   | Change                                          |
| STREET ADDRESS                                                                                         | 6501 INDIAN SCHOOL ROAD               | )                                    |                                        |                          | EET ADDRESS                                              |                                   |                                                                   |                                                 |
| CITY-ST-ZIP                                                                                            | ALBUQUERQUE NM                        |                                      |                                        | 4.4 CIT                  | Y-ST-ZIP                                                 | <u> </u>                          | ·····                                                             | 1                                               |
| TITLE                                                                                                  | D<br>MCGRADY, PAT                     |                                      | DELETE                                 | 5.1 TITI                 |                                                          |                                   |                                                                   | Change Addition                                 |
| NAME<br>STREET ADDRESS                                                                                 | 5121 WHITEFORD                        |                                      |                                        | 5.2 NA/<br>5.3 STR       | AE<br>EET ADDRESS                                        |                                   |                                                                   | i                                               |
| CITY-ST-ZIP                                                                                            | SYLVANIA OH                           |                                      |                                        |                          | Y-ST-ZIP                                                 | L                                 |                                                                   |                                                 |
| TITLE                                                                                                  | D                                     |                                      | DELETE                                 | 6.1 TIT                  | .E                                                       |                                   |                                                                   | ☐ Change ☐ Addition                             |

64 CITY-ST-ZIP MOON TOWNSHIP PA

14. I 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 than attachment with an address.

SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS

STREET ADDRESS

**CANTERBURY, RALPH** 

1453 BEERS SCHOOL RD MOON TOWNSHIP PA