

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30168

**FILED**  
**Jul 01, 2004**  
**Secretary of State****Entity Name:** CARD SERVICES FOR CREDIT UNIONS, INC.**Current Principal Place of Business:**15950 BAY VISTA DRIVE  
SUITE 170  
CLEARWATER, FL 33760**New Principal Place of Business:****Current Mailing Address:**15950 BAY VISTA DRIVE  
SUITE 390  
CLEARWATER, FL 33760**New Mailing Address:**15950 BAY VISTA DRIVE  
SUITE 170  
CLEARWATER, FL 33760**FEI Number:** 59-2941216**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HACKNEY, ROBERT R  
15950 BAY VISTA DRIVE  
SUITE 170  
CLEARWATER, FL 33760**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

**OFFICERS AND DIRECTORS:****Title:** TPCE ( ) Delete  
**Name:** CROMER, RAY  
**Address:** 440 N MONROE STREET  
**City-St-Zip:** TALLAHASSEE, FL 32301**Title:** VC ( ) Delete  
**Name:** HUNT, BOB  
**Address:** 1551 SOUTH 9TH ST  
**City-St-Zip:** KALAMAZOO, MI 490099459**Title:** D ( ) Delete  
**Name:** WERNER, KONNIE  
**Address:** P.O. BOX 1260  
**City-St-Zip:** SAGINAW, MI 48606**Title:** D ( ) Delete  
**Name:** HUBER, DENNIS J  
**Address:** 3810 DURBIN STREET  
**City-St-Zip:** IRVINDALE, CA 91706**Title:** S ( ) Delete  
**Name:** CROMER, RAY  
**Address:** 440 NORTH MONROE STREET  
**City-St-Zip:** TALLAHASSEE, FL 32301**Title:** P ( ) Delete  
**Name:** HACKNEY, ROBERT R III  
**Address:** 15950 BAY VISTA DRIVE  
**City-St-Zip:** CLEARWATER, FL 33760**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT R. HACKNEY III

P

07/01/2004

Electronic Signature of Signing Officer or Director

Date