2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005
Secretary of State

DOCUMENT# N30168

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 170
CLEARWATER, FL 33760

New Mailing Address:

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 US

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: IRWINDALE, 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: VC (X) Change ( ) Addition
Name: CROMER, RAY
Address: 440 N MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Change ( ) Addition
Name: STAATZ, ROD
Address: 971 CORPORATE BLVD
City-St-Zip: LINTHICUM, MD 21090

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change ( ) Addition
Name: MCGRADY, PAT
Address: 5121 WHITEFORD
City-St-Zip: SYLVANIA, OH 43560

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 HACKNAY PRES 02/25/2005

Electronic Signature of Signing Officer or Director — Date