2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30168

FILED Apr 20, 2006 Secretary of State

Entity Name: CARD SERVICES FOR CREDIT UNIONS, INC.

Current Principal Place of Business:				New Principal Place of Business:		
	VISTA DRIVE	:				
SUITE 170 CLEARWA	I ATER, FL 3376	60				
Current Mailing Address:				New Mailing Address:		
SUITE 170	/ VISTA DRIVE ATER, FL 3376					
	59-2941216	FEI Number Applied For()	FEI Numb	oer Not Appli	cable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	ı	Name and	Address of New Registered Agent:	
15950 BAY SUITE 170 CLEARWA The above	ATER, FL 3376	60 US	urpose of (changing it	s registered office or registered agent, or both,	
SIGNATUF						
	Electron	ic Signature of Registered Age	nt		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	VC () CROMER, RAY 440 N MONROE TALLAHASSEE	STREET	۱ م	Fitle: Name: Address: Dity-St-Zip:	C (X) Change () Addition CROMER, RAY 440 N MONROE STREET TALLAHASSEE, FL 32301	
Fitle: Name: Address: City-St-Zip:	D () STAATZ, ROD 971 CORPORA LINTHICUM, ME		۱ م	Fitle: Name: Address: Dity-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () WERNER, KON P.O. BOX 1260 SAGINAW, MI		/ A	Fitle: Name: Address: City-St-Zip:	D (X) Change () Addition MCPHARLIN, PATRICK 600 EAST CRESENT RD EAST LANSING, MI 48823	
Fitle: Name: Address: City-St-Zip:	D () HUBER, DENNI 3810 DURBIN S IRWINDALE, CA	STREET	۱ م	Fitle: Name: Address: Dity-St-Zip:	()Change ()Addition	
Fitle: Name: Address: City-St-Zip:	C () MCGRADY, PA 5121 WHITEFO SYLVANIA, OH	RD	۱ م	Fitle: Name: Address: City-St-Zip:	VC (X) Change () Addition WERNER, KONNIE P.O. BOX 1260 SAGINAW, MI 48606	
Title: Name: Address: City-St-Zip:	P () HACKNEY, ROE 15950 BAY VIS CLEARWATER	TA DRIVE	/ A	Fitle: Name: Address: City-St-Zip:	P (X) Change () Addition HACKNEY, ROBERT R III 15950 BAY VISTA DRIVE, STE 170 CLEARWATER, FL 33760	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 P 04/20/2006