2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
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:	C	( ) Delete
Name:	WERNER, KONNIE	
Address:	520 HAYDEN	
City-St-Zip:	SAGINAW, MI 48606	
Title:	D	( ) Delete
Name:	STAATZ, ROD	
Address:	971 CORPORATE BLVD	
City-St-Zip:	LINTHICUM, MD 21090	
Title:	D	( ) Delete
Name:	MCPHARLIN, PATRICK	
Address:	600 EAST CRESENT RD	
City-St-Zip:	EAST LANSING, MI 48823	
Title:	D	( ) Delete
Name:	HUBER, DENNIS J	
Address:	3810 DURBIN STREET	
City-St-Zip:	IRWINDALE, CA 91706	
Title:	D	( ) Delete
Name:	CROMER, RAY	
Address:	440 N. MONROE STREET	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	P	( ) Delete
Name:	HACKNEY, ROBERT R III	
Address:	15950 BAY VISTA DRIVE, STE 170	
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 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 PRES 04/28/2008

Electronic Signature of Signing Officer or Director — Date