

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90247 038 ****61.25

DOCUMENT # N30168

1. Entity Name

CARD SERVICES FOR CREDIT UNIONS, INC.



Principal Place of Business

**15950 BAY VISTA DRIVE
SUITE 990-170
CLEARWATER FL 33760**

Mailing Address

**15950 BAY VISTA DRIVE
SUITE 990-170
CLEARWATER FL 33760**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2941216**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HACKNEY, ROBERT R
15950 BAY VISTA DRIVE
SUITE 990-170
CLEARWATER FL 33760**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **BREAM, BOB**
STREET ADDRESS **11545 W. TOUHY AVENUE**
CITY-ST-ZIP **CHICAGO IL 60666**

TITLE **VC** ☐ Delete
NAME **HUNT, BOB**
STREET ADDRESS **1551 SOUTH 9TH ST**
CITY-ST-ZIP **KALAMAZOO MI 49009-9459**

TITLE **D** ☐ Delete
NAME **WERNER, KONNIE**
STREET ADDRESS **P.O. BOX 1260**
CITY-ST-ZIP **SAGINAW MI 48606**

TITLE **D** ☐ Delete
NAME **HUBER, DENNIS J**
STREET ADDRESS **3810 DURBIN STREET**
CITY-ST-ZIP **IRVINDALE CA 91706**

TITLE **S** ☐ Delete
NAME **CROMER, RAY**
STREET ADDRESS **440 NORTH MONROE STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **P** ☐ Delete
NAME **HACKNEY, ROBERT R III**
STREET ADDRESS **15950 BAY VISTA DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

*SEE
ATTACHED
FOR A
LIST OF
ALL
DIRECTORS*

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert R. Hackney III

CR2E037 (10/02)

attachment

CSCU BOARD MEMBERS N30168

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