2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 APR 30 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000009139

1. Entity Name
AMERICAN MERCHANT DATA SERVICE, INC.

Principal Place of Business	Mailing Address
5700 POPLAR AVE SUITE 2700 MEMPHIS, TN 38137	1177 GEORGE BUSH BLVD. SUITE 308 DELRAY BEACH, FL 33483

04292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8390 WOLF LAKE DR.	8390 WOLF LAKE DR.
Suite, Apt. #, etc.: SUITE 111	Suite, Apt. #, etc.: SUITE 111
City & State: BARTLETT, TN.	City & State: BARTLETT, TN.
Zip: 38133 Country: USA	Zip: 38133 Country: USA

4. FEI Number: 65-0977575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STILLMAN, L. VAN
1177 GEORGE BUSH BLVD.
SUITE 308
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name: NRAI SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable): 526 E. PARK AVE.
City: TALLAHASSEE FL Zip Code: 32301

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: A Olson Hand ~ Asst Sec 4/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

NAT806
FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST LATOURETTE, DON 5700 POPLAR AVE, STE 2700 MEMPHIS, TN 38137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST LATOURETTE, DON 8390 WOLF LAKE DR. SUITE 111 BARTLETT, TN. 38133	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 607, 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: Don Latourette 4-29-04 901-507 4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DON LATOURETTE