2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90153 031 ***150.00

DOCUMENT # P00000009139

1. Entity Name
AMERICAN MERCHANT DATA SERVICE, INC.

~~Principal Place of Business~~
~~1177 GEORGE BUSH BLVD.~~
~~SUITE 308~~
~~DELRAY BEACH FL 33483~~

Mailing Address
1177 GEORGE BUSH BLVD.
SUITE 308
DELRAY BEACH FL 33483

1000400

2. Principal Place of Business	3. Mailing Address
5700 Poplar Ave.	
Suite, Apt. #, etc.: Suite 2700	Suite, Apt. #, etc.
City & State: Memphis, TN 38137	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
STILLMAN, L. VAN 1177 GEORGE BUSH BLVD. SUITE 308 DELRAY BEACH FL 33483	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 $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 STILLMAN, L VAN 1177 GEORGE BUSH BLVD SUITE 308 DELRAY BEACH FL 33483 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD Don Latourette 5700 Poplar Ave., Suite 2700 Memphis, TN 38137 X ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 REQUIRED 1/10/03 (901) 322-6026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #