

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90773 021 \*\*\*150.00

DOCUMENT # **P05657** ✓

1. Entity Name

First Data Resources Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6200 S. Quebec Str.

3. Mailing Address

6200 S. Quebec Str.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

AS 210

City & State

Greenwood Village CO

City & State

Greenwood Village CO

4. FEI Number

47-0535472

Applied For

Not Applicable

Zip

80111

Country

USA

Zip

80111

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Corporation Service Company

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

1201 Hays Street

City  
Tallahassee

FL

Zip Code  
32301-2525

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-electing)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
Director / President	Eula Adams	6200 S. Quebec Str.	Greenwood Village CO 80111
Treasurer	Mark E. Young	5660 New Northside Drive Suite 1400	Atlanta GA 30328
Assistant Secretary	Phyllis Skene-stimac	6200 S. Quebec Str.	Greenwood Village CO 80111
Director/Secretary	Michael Whealy	10825 Old Mill Road	Omaha NE 68154
Director	Thomas Rossi	10825 Old Mill Road	Omaha NE 68154
	See attached list		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Phyllis Skene-Stimac* Phyllis Skene-Stimac

April 11 2002 303 967 7147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)