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Apr 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P22779 (3)
1. Corporation Name
EDS ELECTRONIC FINANCIAL SERVICES, INC.

Principal Place of Business
5400 LEGACY DR (STAX)
PLANO TX 75024

Mailing Address
5400 LEGACY DR
H# 4A 66
PLANO TX 75024
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5400 LEGACY DR.		26 5400 LEGACY DR		01/30/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		22-2944746	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	
23 PLANO TX		28		6. Election Campaign Financing	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 75024		29		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country			
25 US		30			

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	1201 HAYS ST.
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SULLIVAN, BARRY W	1.2 NAME	
STREET ADDRESS	5400 LEGACY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	GRANT, JOSEPH M.	2.2 NAME	
STREET ADDRESS	5400 LEGACY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	WATSON, KATHY	3.2 NAME	S
STREET ADDRESS	5400 LEGACY DR.	3.3 STREET ADDRESS	SHIRLEY J. MARBLE
CITY-ST-ZIP	PLANO TX	3.4 CITY-ST-ZIP	5400 LEGACY DR.
TITLE	T	4.1 TITLE	AT
NAME	BENAC, WILLIAM P	4.2 NAME	BARBARA BARTON
STREET ADDRESS	5400 LEGACY DR.	4.3 STREET ADDRESS	5400 LEGACY DR
CITY-ST-ZIP	PLANO TX	4.4 CITY-ST-ZIP	PLANO TX 75024
TITLE	AT	5.1 TITLE	
NAME	CAPPS, R. RANDALL	5.2 NAME	
STREET ADDRESS	5400 LEGACY DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	CASTLE, JOHN R., JR.	6.2 NAME	
STREET ADDRESS	5400 LEGACY DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara Barton

3-27-98

917.1605-1200

CR2E034 (10/97)