

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90131 039 ***150.00

DOCUMENT # P22779

1. Entity Name

EDS ELECTRONIC FINANCIAL SERVICES, INC.

Principal Place of Business

**5400 LEGACY DR
 PLANO TX 75024
 US**

Mailing Address

**5400 LEGACY DR
 HI 4A 66
 PLANO TX 75024-3105
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2944746

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
 NAME **RUDOLPH, PAUL E**
 STREET ADDRESS **5400 LEGACY DR**
 CITY-ST-ZIP **PLANO TX**

☐ Delete

TITLE **PD**
 NAME **MCCAIN, JOHN W.**
 STREET ADDRESS **5400 LEGACY DR.**
 CITY-ST-ZIP **PLANO TX 75024**

☒ Change ☐ Addition

TITLE **VD**
 NAME **CASTLE, JOHN R JR**
 STREET ADDRESS **5400 LEGACY DR.**
 CITY-ST-ZIP **PLANO TX**

☐ Delete

TITLE **VD**
 NAME **DALEY, JAMES E.**
 STREET ADDRESS **5400 LEGACY DR.**
 CITY-ST-ZIP **PLANO TX 75024**

☒ Change ☐ Addition

TITLE **S**
 NAME **MARBLE, SHIRLEY J**
 STREET ADDRESS **5400 LEGACY DR.**
 CITY-ST-ZIP **PLANO TX 75024**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **AT**
 NAME **BARTON, BARBARA**
 STREET ADDRESS **5400 LEGACY DR.**
 CITY-ST-ZIP **PLANO TX 75024**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **T**
 NAME **KRENZ, SCOTT J**
 STREET ADDRESS **5400 LEGACY DR.**
 CITY-ST-ZIP **PLANO TX**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **AS**
 NAME **THOMAS, LISA V**
 STREET ADDRESS **5400 LEGACY DR**
 CITY-ST-ZIP **PLANO TX**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-00

972-605-1200

CR2E034 (9/99)