FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR -7 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P27108 (0)

1. Corporation Name
FISERV CIR, INC.

Principal Place of Business	Mailing Address
P.O. BOX 979 BROOKFIELD WI 53008-0979 US	P.O. BOX 979 BROOKFIELD WI 53008-0979 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/01/1989	3a. Date of Last Report: 04/12/1994
4. FEI Number: 13-2978921	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE
(Typed name of individual signing as registered agent and their capacity) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	MARTIRE, FRANK	1.2 NAME	
STREET ADDRESS	255 FISERV DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKFIELD WI	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	AULENTI, JOSEPH J.	2.2 NAME	
STREET ADDRESS	2701 SUMMER STR, STE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	KOMAR, STEVE L.	3.2 NAME	
STREET ADDRESS	2701 SUMMER STR, STE 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	FRANKE, RANDY S.	4.2 NAME	
STREET ADDRESS	255 FISERV DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKFIELD WI	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	EDWARD, ALBERTS	5.2 NAME	
STREET ADDRESS	255 FISERVE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKFIELD WI	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	DANOLA, PAUL T.	6.2 NAME	
STREET ADDRESS	255 FISERV DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKFIELD WI	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: [signature] VP 1/25/95 414-879-5309
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Title — Date — Daytime Phone #
Randal S Franke

0400101 FP