

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

19965-1-96

B-58163

C

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

3. Date Incorporated or Qualified

12/01/1989

3a. Date of Last Report

03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

CD

☐ DELETE

NAME

MARTIRE, FRANK

STREET ADDRESS

255 FISERV DRIVE

CITY- ST- ZIP

BROOKFIELD WI

TITLE

VSD

☐ DELETE

NAME

AULENTI, JOSEPH J.

STREET ADDRESS

2701 SUMMER STR, STE 200

CITY- ST- ZIP

STAMFORD CT

TITLE

VD

☐ DELETE

NAME

KOMAR, STEVE L.

STREET ADDRESS

2701 SUMMER STR, STE 200

CITY- ST- ZIP

STAMFORD CT

TITLE

V

☐ DELETE

NAME

FRANKE, RANDY S.

STREET ADDRESS

255 FISERV DRIVE

CITY- ST- ZIP

BROOKFIELD WI

TITLE

AS

☐ DELETE

NAME

EDWARD, ALBERTS

STREET ADDRESS

255 FISERVE DR

CITY- ST- ZIP

BROOKFIELD WI

TITLE

V

☐ DELETE

NAME

DANOLA, PAUL T.

STREET ADDRESS

255 FISERV DRIVE

CITY- ST- ZIP

BROOKFIELD WI

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE:

Randy Franke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

Date

Daytime Phone #

CR2E034 (12/95)