

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90077 001 ***300.00

DOCUMENT # P27108

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2978921

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

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MARTIRE, FRANK
255 FISERV DRIVE
BROOKFIELD WI

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
AS

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
FRANKE, RANDY S.
255 FISERV DRIVE
BROOKFIELD WI

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
EDWARD, ALBERTS
255 FISERVE DR
BROOKFIELD WI

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Charles W. Sprague
255 Fiserv Drive
Brookfield, WI 53045

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DANOLA, PAUL T.
255 FISERV DRIVE
BROOKFIELD WI

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT AS
Kenneth R. Jensen
255 Fiserv Drive
Brookfield, WI 53045

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Leslie M. Muma
255 Fiserv Drive
Brookfield, WI 53045

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Thomas A. Neill
255 Fiserv Drive
Brookfield, WI 53045

☐ 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 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

Charles W. Sprague, Secretary

Date

Daytime Phone #

262-879-5000