

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90235 039 ***150.00

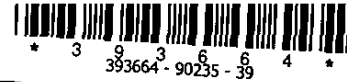
PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P27394 or
 1. Corporation Name

Universal Card Services Corp.



Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 8787 Baypine Road

2a. Mailing Address
 26 8787 Baypine Road

3. Date Incorporated or Qualified
 12/18/89

4. FEI Number
 22-3013787

Applied For
 Not Applicable

23 City & State
 Jacksonville, Florida

27 City & State
 Jacksonville, Florida

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 32256 25 Country USA

29 Zip 32256 30 Country USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 The Prentice Hall Corporation System, Inc.
 1201 Hayes Street
 Suite 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
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVP Kevin Keleghan	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President and CEO
NAME	Kevin Keleghan		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8775 Baypine Road		1.2 NAME Garside, Richard J.
CITY-ST-ZIP	Jacksonville, FL 32256		1.3 STREET ADDRESS 8787 Baypine Road
TITLE	T Prendergast, Stephen L.	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP Jacksonville, FL 32256
NAME	Prendergast, Stephen L.		2.1 TITLE Treasurer
STREET ADDRESS	One Oak Way		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	Berkley Heights, NJ 07922		2.2 NAME Donahue, Thomas
TITLE	AS Duah, Antoinette	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS 8787 Baypine Road
NAME	Duah, Antoinette		2.4 CITY-ST-ZIP Jacksonville, FL 32256
STREET ADDRESS	412 Mt. Kenble		3.1 TITLE SVP and Secretary
CITY-ST-ZIP	Morristown, NJ		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	CEV Hines, Gerald A.	<input checked="" type="checkbox"/> DELETE	3.2 NAME Korchun, Walter
NAME	Hines, Gerald A.		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8775 Baypine Road		3.3 STREET ADDRESS 8787 Baypine Road
CITY-ST-ZIP	Jacksonville, FL 32256		3.4 CITY-ST-ZIP Jacksonville, FL 32256
TITLE	SRV Kuebler, Alfred W.	<input checked="" type="checkbox"/> DELETE	4.1 TITLE EVP and CFO
NAME	Kuebler, Alfred W.		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8787 Baypine Road 4-4-2755		4.2 NAME Gentlen, Michael
CITY-ST-ZIP	Jacksonville, FL 32256		4.3 STREET ADDRESS 8787 Baypine Road
TITLE	SRV Keleghan, Kevin	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP Jacksonville, FL 32256
NAME	Keleghan, Kevin		5.1 TITLE SVP and CIO
STREET ADDRESS	8787 Baypine Road 4-4-2755		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	Jacksonville, FL 32256		5.2 NAME Palmer, Leslie
			5.3 STREET ADDRESS 8787 Baypine Road
			5.4 CITY-ST-ZIP Jacksonville, FL 32256
			6.1 TITLE
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.2 NAME
			6.3 STREET ADDRESS
			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, with all other like empowered.

SIGNATURE: _____

3/24/99 (904) 954-8747

CR2E034 (1/1/98)