2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # P27394** 1. Entity Name CITIBANK UNIVERSAL CARD SERVICES CORP. 04-17-2001 90067 008 ***150.00 Principal Place of Business Mailing Address 8787 BAYPINE ROAD 8787 BAYPINE ROAD JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business Mailing Address 8787 Baypine Road DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 22-3013787 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST. STE. #105 TALLAHASSEE FL 32301 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees

Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 12. 11. secretar Change Addition. **PCEO** TITLE ☐ Delete TITLE NAME GARSIDE, RICHARD T NAME STREET ADDRESS STREET ADDRESS 8787 BAYPINE ROAD CITY-ST-ZIP CITY-ST-ZIP FL 32256 JACKSONVILLE FL 32256 Change TITLE TITLE terknitzer NAME NAME DONAHUE, THOMAS STREET ADDRESS ourt Square STREET ADDRESS 8787 BAYPINE ROAD ity, NY 11120 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 TITLE kevin Kessinge NAME KORHCUN, WALTER NAME STREET ADDRESS STREET ADDRESS 8787 BAYPINE ROAD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Change Addition **EVPC** □ Delete TITLE NAME GEHLEN, MICHAEL NAME STREET ADDRESS STREET ADDRESS 8787 BAYPINE ROAD CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL <u>32256</u> Change ☐ Addition **SVPC** ☐ Delete TITLE TITLE NAME PALMER, LESLIE NAME STREET ADDRESS STREET ADDRESS **8787 BAYPINE ROAD** CiTY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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;

SECULTION SECULTION OF SIGNING OFFICER OR DIRECTOR

(904)954-8877

Daytime Phor

CR2E034 (10/00)