

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90067 008 ***150.00

DOCUMENT # P27394

1. Entity Name
CITIBANK UNIVERSAL CARD SERVICES CORP.

| | |
|--|---|
| Principal Place of Business 8787 BAYPINE ROAD JACKSONVILLE FL 32256 US | Mailing Address 8787 BAYPINE ROAD S 287 JACKSONVILLE FL 32256 US |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address 8787 Baypine Road |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. 3-2-A720 |
| City & State | City & State Jacksonville, FL |
| Zip | Country |
| 32256 | USA |

| | |
|------------------------------------|--|
| 4. FEI Number 22-3013787 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

6. Name and Address of Current Registered Agent
**THE PRENTICE HALL CORPORATION SYSTEM INC.
 1201 HAYES ST.
 STE. #105
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO GARSIDE, RICHARD T 8787 BAYPINE ROAD JACKSONVILLE FL 32256 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DONAHUE, THOMAS 8787 BAYPINE ROAD JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVPS KORHCUN, WALTER 8787 BAYPINE ROAD JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVPC GEHLEN, MICHAEL 8787 BAYPINE ROAD JACKSONVILLE FL 32256 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVPC PALMER, LESLIE 8787 BAYPINE ROAD JACKSONVILLE FL 32256 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Julie D. Nelson 8787 Baypine Road Jacksonville, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Peter Knitzer 1 Court Square Long Island City, NY 11120 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Kevin Kessinger 7920 NW 110th Street Kansas City, MO 64153 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Julie D. Nelson Secretary Date: _____ Daytime Phone #: **(904) 954-8877**

CR2E034 (10/00)