

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27482

1. Entity Name

SYNOVUS DATA CORP.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90443 007 ***150.00

Principal Place of Business

500 11TH STREET
COLUMBUS GA 31902-1847
US

Mailing Address

500 11TH STREET
COLUMBUS GA 31902-1847
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1868756**

Applied For
Not Applicable

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME DAWAHARE, ANNE
STREET ADDRESS 500 11TH STREET
CITY-ST-ZIP COLUMBUS GA 31902

TITLE P ☐ Change ☒ Addition
NAME ELIZABETH JAMES
STREET ADDRESS 500 11TH STREET
CITY-ST-ZIP COLUMBUS, GA 31901

TITLE V ☒ Delete
NAME WHITE, LISA
STREET ADDRESS 500 11TH ST
CITY-ST-ZIP COLUMBUS GA 31902

TITLE M ☐ Change ☒ Addition
NAME SCOTT MCGLAUN
STREET ADDRESS 500 11TH STREET
CITY-ST-ZIP COLUMBUS, GA 31901

TITLE V ☐ Delete
NAME GOWEN, KEVIN
STREET ADDRESS 500 1TH ST.
CITY-ST-ZIP COLUMBUS GA 31902

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME STRUGIA, KRAIG
STREET ADDRESS 500 11TH STREET
CITY-ST-ZIP COLUMBUS GA 31902

TITLE M ☐ Change ☒ Addition
NAME KATHY MARTIN
STREET ADDRESS 500 11TH STREET
CITY-ST-ZIP COLUMBUS, GA 31901

TITLE C ☒ Delete
NAME ROBERTS, APRIL
STREET ADDRESS 500 11TH ST
CITY-ST-ZIP COLUMBUS GA 31902

TITLE V ☐ Change ☒ Addition
NAME JEFF KENNEDY
STREET ADDRESS 500 11TH STREET
CITY-ST-ZIP COLUMBUS, GA 31901

TITLE V ☐ Delete
NAME MOODY, ROBERT
STREET ADDRESS 500 11TH STREET
CITY-ST-ZIP COLUMBUS GA

TITLE T ☐ Change ☒ Addition
NAME MALISSA KENNEDY
STREET ADDRESS 500 11TH STREET
CITY-ST-ZIP COLUMBUS, GA 31901

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:

Malissa H. Kennedy Malissa H. Kennedy

Date

Daytime Phone #

3/8/01 706/644-0320

CR2E034 (10/00)