

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P28469

1. Corporation Name

NATIONAL BILLING SYSTEMS, INC.

Principal Place of Business

Mailing Address

**National Data Plaza
Legal Dept.
Atlanta, GA 30329**

**National Data Plaza
Legal Dept.
Atlanta, GA 30329-2010**

3. Date Incorporated or Qualified
03/12/1990

3a. Date of Last Report
Feb 1995

2. Principal Place of Business

2a. Mailing Address

21 State Apt # etc

26 State Apt # etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
13-2749397

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324**

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

Signature of Registered Agent or Director

Signature of Secretary of State or Designated Agent

Date

12. OFFICERS AND DIRECTORS

1. TITLE	Pres., Director	☐ DELETE
2. NAME	Yellowlees, Robert A.	
3. STREET ADDRESS	National Data Plaza	
4. CITY, ST, ZIP	Atlanta, GA 30329	
5. TITLE	VP, Treas, Director	☐ DELETE
6. NAME	Braxton, Jerry W.	
7. STREET ADDRESS	National Data Plaza	
8. CITY, ST, ZIP	Atlanta, GA 30329	
9. TITLE	VP, Sec., Director	☐ DELETE
10. NAME	Ingram, E. Michael	
11. STREET ADDRESS	National Data Plaza	
12. CITY, ST, ZIP	Atlanta, GA 30329	
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		
21. TITLE		☐ DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

**700001714167
-02/14/96-01003-000
***200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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.

SIGNATURE:

E. Michael Ingram
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
E. Michael Ingram

01/25/96

404/728-2504

2-9-96 *off*

CR2E034 (12/95)