## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### Apr 26, 2007 8:00 am Secretary of State 04-26-2007 90203 011 \*\*\*150.00 DOCUMENT # P29514 1. Entity Name CHASE BANKCARD SERVICES, INC. ~ 400831pp Mailing Address Principal Place of Business 200 WHITE CLAY CENTER DRIVE, 1ST FLOOR 200 WHITE CLAY CENTER DRIVE 1ST FLOOR C/O ANDREW SEMMELMAN, LEGAL DEPT. NEWARK, DE 19711 NEWARK, DE 19711 Mailing Address 2. Principal Place of Business - No PO Box # 201 North Walnut St. 10th fl Suite, Apt. #, etc Suite, Apt #, etc 04052007 Chg-P CR2E034 (12/06) c/o Andrew Semmelman 4. FEI Number Applied For City & State Not Applicable Wilmington, DE 59-2994772 Ζıp Country Country \$8.75 Additional 19801 Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CIT CORPORATION SYSTEM Street Address (F.O. Box Number is Not Acceptable) C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 Мау Ве FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE DP x Change Addition TITLE SCHUCK, KEITH W NAME NAME Schuck, Keith W 201 NORTH WALNUT STREET, FLOOR 11 STREET ADDRESS STREET ADDRESS 201 North Walnut Street, floor 7 CITY-ST-ZIP CITY - ST- ZIP WILMINGTON, DE 19801 Wilmington, DE 19801 TITLE ☐ Delete TITLE ☐ Change Addition ANDERSON, KATHLEEN NAME NAME 500 STANTON CHRISTIANA ROAD, OPS 4 FLOOR 1 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP NEWARK, DE 19713 TITLE ☐ Change ☐ Addition ☐ Delete TITLE PENKROT, DAVID A NAME STREET ADDRESS STREET ADDRESS 201 NORTH WALNUT STREET, FLOOR 7 WILMINGTON, DE 19801 CITY - ST-ZIP CITY - ST-7IP TITLE ☐ Delete TITLE Change Addition SEMMELMAN, ANDREW T NAME NAME Semmelman, Andrew T 200 WHITE CLAY CENTER, FLOOR 1 STREET ADDRESS STREET ADORESS 201 North Walnut Street, floor 10 **NEWARK, DE 19711** CITY - ST - ZIP CITY - ST-ZIP Wilmington, DE 19801 Addition TITLE ☐ Change ☐ Delete MATTAMIRA, VINCENT J NAME NAME 500 STANTON CHRISTIANA ROAD, FLOOR 2 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST-ZIP NEWARK, DE 19713 ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

> Ze&a DEFICER OF DIRECTOR

FILED

# ATTACHMENT

## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT#JP29514

Entity Name: QHASE BANKCARD SERVICES, INC.

0083166

FILED Nov 01, 2006 Secretary of State

Current	Princi	pal F	Place of	Business:
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New Principal Place of Business:

200 WHITE CLAY CENTER DRIVE 1ST FLOOR NEWARK, DE 19711

Current Mailing Address:

**New Mailing Address:** 

200 WHITE CLAY CENTER DRIVE, 1ST FLOOR C/O ANDREW SEMMELMAN, LEGAL DEPT. NEWARK, DE 19711

FEI Number: 59-2994772

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

NUCCIO, VINCENT L JR 305 SOUTH BOULEVARD TAMPA, FL 33606

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: VINCENT L. NUCCIO, JR.

11/01/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

### **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: Name: DPRE () Delete

SCHUCK, KEITH W 201 NORTH WALNUT STREET, FLOOR 11

Address: City-St-Zip:

WILMINGTON, DE 19801

Title:

( ) Delete

Name: Address: ANDERSON, KATHLEEN 500 STANTON CHRISTIANA ROAD, OPS 4 FLOOR 1

City-St-Zip:

**NEWARK, DE. 19713** 

( ) Delete

Name:

PENKROT, DAVID A

Address:

201 NORTH WALNUT STREET, FLOOR 7

City-St-Zip:

WILMINGTON, DE 19801

· Title: Name:

( ) Delete SEMMELMAN, ANDREW T

Address:

200 WHITE CLAY CENTER, FLOOR 1

City, St-Zip:

NEWARK, DE 19711

Name:

( ) Delete MATTAMIRA, VINCENT J

Address:

500 STANTON CHRISTIANA ROAD, FLOOR 2

City-St-Zip:

NEWARK, DE 19713

Title: Name: SVP

(X) Delete SCHUCK, KEITH

Address: City-St-Zip: 500 STANTON CHRISTIANA ROAD, FLOOR 1

**NEWARK: DE 19713** 

Title:

(X) Change ( ) Addition SCHUCK, KEITH W

Name: Address:

201 NORTH WALNUT STREET, FLOOR 11

City-St-Zip:

WILMINGTON, DE 19801

Title:

(X) Change ( ) Addition

Name:

ANDERSON, KATHLEEN

Address:

500 STANTON CHRISTIANA ROAD, OPS 4 FLOOR 1

City-St-Zip:

NEWARK, DE 19713

Title:

(X) Change ( ) Addition

Name:

PENKROT, DAVID A

Address:

201 NORTH WALNUT STREET, FLOOR 7

City-St-Zip:

WILMINGTON DE 19801

Title: Name:

(X) Change ( ) Addition SEMMELMAN, ANDREW T

Address:

200 WHITE CLAY CENTER, FLOOR 1

City-St-Zip:

NEWARK, DE 19711

Title: Name: (X) Change ( ) Addition

Address:

MATTAMIRA, VINCENT J 500 STANTON CHRISTIANA ROAD, FLOOR 2

City-St-Zip:

NEWARK, DE 19713

ATTY

Title: Name:

Address:

City-St-Zip:

() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFRED A COLBY Electronic Signature of Signing Officer or Director

11/01/2006 Date