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**Apr 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P30864 (3)

1. Corporation Name
SOUTHTRUST DATA SERVICES, INC.



Principal Place of Business 420 NORTH 20TH STREET BIRMINGHAM AL 35203	Mailing Address 6434 FIRST AVE. NORTH BIRMINGHAM AL 35212-1541
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3. Date Incorporated or Qualified 09/11/1990	3a. Date of Last Report 03/19/1996
4. FEI Number 63-0649688	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 200 Wildwood Parkway
22. City & State	27. City & State
23. Zip	28. Homewood, AL
24. Country	29. 35209
25. Country	30. USA

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MURRELL, CHARLES	
STREET ADDRESS	420 N. 20TH STREET	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	YOTHER, ALTON	
STREET ADDRESS	420 N. 20TH STREET	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MURRAY, F. W., JR.	
STREET ADDRESS	420 N. 20TH STREET	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BANTON, JULIAN W.	
STREET ADDRESS	420 N. 20TH STREET	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEARSON, WILLIAM E., JR.	
STREET ADDRESS	420 N. 20TH STREET	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****165.00**

14. I do 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 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: *Charles M. Murrell* Charles M Murrell 3/5/97 (205) 667-5191 4-1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)