

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33898

1. Entity Name

FUJITSU TRANSACTION SOLUTIONS INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90141 002 ***150.00

Principal Place of Business

5429 LBJ FREEWAY
ATTN: TAX MANAGER
DALLAS TX 75240

Mailing Address

ATTN: ALAN WAIN
401 HACKENSACK AVE. 8TH FLOOR
HACKENSACK NJ 07601

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

75-2355667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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, 2002 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 PD
NAME MULINDER, AUSTIN
STREET ADDRESS 5429 LBJ FREEWAY
CITY-ST-ZIP DALLAS TX 75240 ☐ Delete

TITLE VPCD
NAME DANIELS, NANCY
STREET ADDRESS 5429 LBJ FREEWAY
CITY-ST-ZIP DALLAS TX 75240 ☐ Delete

TITLE VSD
NAME WAIN, ALAN P
STREET ADDRESS 401 HACKENSACK AVE
CITY-ST-ZIP HACKENSACK NJ 07601 ☐ Delete

TITLE VP
NAME KIKUCHI, MUSA
STREET ADDRESS 5429 LBJ FREEWAY
CITY-ST-ZIP DALLAS TX 75240 ☐ Delete

TITLE CFOT
NAME MASON, PAUL
STREET ADDRESS 5429 LBJ FREEWAY
CITY-ST-ZIP DALLAS TX 75240 ☐ Delete

TITLE C
NAME SHIJOAGAKI, HIDETOSHI
STREET ADDRESS 3065 OKADA A SUGI-SHI
CITY-ST-ZIP KANAGAWA, JAPAN 243 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME Shibagaki is the
STREET ADDRESS correct spelling - not SHIJOAGAKI.
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)