

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P35849 (9)**

1. Corporation Name

**SHARED CHECK AUTHORIZATION NETWORK INC.**

DO NOT WRITE IN THIS SPACE.

|  |  |
|--|--|
| Principal Place of Business<br><b>19803 N CREEK PKWAY<br/>BOTHELL WA 98011</b> | Mailing Address<br><b>19803 N CREEK PKWAY<br/>BOTHELL WA 98011</b> |
|--|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>10/09/1991</b>   | 3a. Date of Last Report Applied For<br><b>02/14/1994</b> |
| 4. FEI Number<br><b>91-1129953</b>   | Applied For<br>Not Applicable                            |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                    |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                       |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>25             |
| Zip<br>29                            | Country<br>30             |

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
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   |

**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

|                 |                     |
|-----------------|---------------------|
| TITLE           | VP                  |
| NAME            | FABRIZIO, KENNETH   |
| STREET ADDRESS  | 8024 197TH ST SE    |
| CITY - ST - ZIP | SNOHOMISH WA        |
| TITLE           | P                   |
| NAME            | DUNANN, DENIS       |
| STREET ADDRESS  | 14045 170TH LANE NE |
| CITY - ST - ZIP | WOODINVILLE WA      |
| TITLE           | V                   |
| NAME            | BIRK, TIMOTHY       |
| STREET ADDRESS  | 8858 NE 145 ST      |
| CITY - ST - ZIP | BOTHELL WA          |
| TITLE           | V                   |
| NAME            | CHRISTY, JOSEPH     |
| STREET ADDRESS  | 18827 SE 34TH ST    |
| CITY - ST - ZIP | BELLEVUE WA         |
| TITLE           | V                   |
| NAME            | JOHNSON, STEPHEN    |
| STREET ADDRESS  | 37024 32ND AVE S    |
| CITY - ST - ZIP | AUBURN WA           |
| TITLE           | D                   |
| NAME            | HAVERTY, HAROLD     |
| STREET ADDRESS  | 1080 W. COUNTY RD F |
| CITY - ST - ZIP | ST PAUL MN          |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1 1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            | P BIRK, TIMOTHY  |
| 13 STREET ADDRESS  | 8858 NE 145th ST.  |
| 14 CITY - ST - ZIP | BOTHELL, WA  |
| 2 1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            | D TUNNOCOS, JERRY  |
| 23 STREET ADDRESS  | 77 APPLE ORCHARD RD.   |
| 24 CITY - ST - ZIP | DELUWOOD, MN   |
| 3 1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME            | D YATES, VERN  |
| 33 STREET ADDRESS  | 1080 W. COUNTY RD. "F"   |
| 34 CITY - ST - ZIP | ST. PAUL, MN   |
| 4 1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME            |  |
| 43 STREET ADDRESS  |  |
| 44 CITY - ST - ZIP |  |
| 5 1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |  |
| 53 STREET ADDRESS  |  |
| 54 CITY - ST - ZIP |  |
| 6 1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |  |
| 63 STREET ADDRESS  |  |
| 64 CITY - ST - ZIP |  |

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 110.07(3)(b), 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: *Joseph Christy* **JOSEPH CHRISTY VP** 4/25/95 (102)832500  
Signature and Typed or Printed Name of Signing Officer or Director Date Expiration Year