

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35849

FILED
Apr 17, 2008
Secretary of State

Entity Name: DEPOSIT PAYMENT PROTECTION SERVICES, INC.

Current Principal Place of Business:

8501 N SCOTTSDALE
300
SCOTTSDALE, AZ 85253

New Principal Place of Business:

601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204

Current Mailing Address:

4900 N SCOTTSDALE RD.
STE 1000
SCOTTSDALE, AZ 85251

New Mailing Address:

C/O LEGAL DEPT.
601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204

FEI Number: 91-1129953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROMAIN, MARTIN
Address: 4900 N SCOTTSDALE RD.
City-St-Zip: SCOTTSDALE, AZ 85251

Title: VP () Delete
Name: EVANS, ROBERT L
Address: 4900 N SCOTTSDALE RD.
City-St-Zip: SCOTTSDALE, AZ 85251

Title: S (X) Delete
Name: LIM, JULIE
Address: 4900 N SCOTTSDALE RD.
City-St-Zip: SCOTTSDALE, AZ 85251

Title: T (X) Delete
Name: GRESHAM, GEORGE
Address: 4900 N SCOTTSDALE RD.
City-St-Zip: SCOTTSDALE, AZ 85251

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: NICHOLS, R. RENZ
Address: 100 SECOND AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33701

Title: DST (X) Change () Addition
Name: CRAVEY, LYNN
Address: 100 SECOND AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MADELINE BAREWALD

AVP

04/17/2008

Electronic Signature of Signing Officer or Director

Date