

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35849

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: DEPOSIT PAYMENT PROTECTION SERVICES, INC.

## Current Principal Place of Business:

601 RIVERSIDE AVE.  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

601 RIVERSIDE AVE  
12TH FL  
JACKSONVILLE, FL 32204 US

## Current Mailing Address:

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

## New Mailing Address:

601 RIVERSIDE AVE  
12TH FL  
JACKSONVILLE, FL 32204 US

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDIR (X) Change ( ) Addition  
Name: NICHOLS, R. RENZ  
Address: 601 RIVERSIDE AVE, 12TH FL  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: DST (X) Change ( ) Addition  
Name: CRAVEY, LYNN  
Address: 601 RIVERSIDE AVE, 12TH FL  
City-St-Zip: JACKSONVILLE, FL 32204 US

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: JANE LOUIS

POA

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date