

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90097 007 ***150.00

0335981 AV

DOCUMENT # P95000007231

1. Entity Name
WILDCARD SYSTEMS, INC.

Principal Place of Business 490 SAWGRASS CORP PKWY 130 SUNRISE FL 33325 US	Mailing Address 490 SAWGRASS CORP PKWY 130 SUNRISE FL 33325 US
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2. Principal Place of Business 1601 SAWGRASS CORP. PARKWAY	3. Mailing Address 1601 SAWGRASS CORP. PARKWAY
Suite, Apt. #, etc. SUITE 300	Suite, Apt. #, etc. SUITE 300
City & State SUNRISE, FL	City & State SUNRISE, FL
Zip 33323	Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0556600	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAUTTER, C CHRISTIAN ESQ. SEILER & SAUTTER 2900 E. OAKLAND PARK BLVD., SUITE 200 FT LAUDERDALE FL 33306	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																				
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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: FRANZ J. HOFER SVP CONTROLLER 3/26/02 (554) 851-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)