

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000007231

Entity Name: WILDCARD SYSTEMS, INC.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

1601 SAWGRASS CORP. PARKWAY
SUITE 300
SUNRISE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

1601 SAWGRASS CORP. PARKWAY
SUITE 300
SUNRISE, FL 33323 US

New Mailing Address:

FEI Number: 65-0556600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUTTER, C CHRISTIAN ESQ.
SEILER & SAUTTER
2900 E. OAKLAND PARK BLVD., SUITE 200
FT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

SAUTTER, C . CHRISTIAN ESQ.
2850 NORTH ANDREWS AVENUE
FT LAUDERDALE, FL 33311 US

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: C. CHRISTIAN SAUTTER, ESQ.

04/21/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KOSAR, BERNIE
Address: 1601 SAWGRASS CORP. PKWY STE 300
City-St-Zip: SUNRISE, FL 33323

Title: VSD () Delete
Name: PALMER, GARY
Address: 1601 SAWGRASS CORP. PKWY STE 300
City-St-Zip: SUNRISE, FL 33323

Title: D () Delete
Name: WHITLEY, WALLACE
Address: 1601 SAWGRASS CORP. PKWY STE 300
City-St-Zip: SUNRISE, FL 33323

Title: PD () Delete
Name: PARK, LARENCE
Address: 1601 SAWGRASS CORP. PKWY STE 300
City-St-Zip: SUNRISE, FL 33323

Title: D () Delete
Name: COXE, TENCH
Address: 1601 SAWGRASS CORP. PKWY STE 300
City-St-Zip: SUNRISE, FL 33323

Title: D () Delete
Name: THOMPSON, PETER
Address: 1601 SAWGRASS CORP. PKWY STE 300
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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 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: LARENCE PARK

PD

04/21/2005

Electronic Signature of Signing Officer or Director

Date