

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000007231

Entity Name: WILDCARD SYSTEMS, INC.

FILED  
Mar 21, 2011  
Secretary of State

## Current Principal Place of Business:

1601 SAWGRASS CORPORATE PARKWAY SUITE 300  
SUNRISE, FL 33323

## New Principal Place of Business:

1601 SAWGRASS CORPORATE PARKWAY  
SUITE 300  
SUNRISE, FL 33323

## Current Mailing Address:

1601 SAWGRASS CORPORATE PARKWAY SUITE 300  
SUNRISE, FL 33323

## New Mailing Address:

1601 SAWGRASS CORPORATE PARKWAY  
SUITE 300  
SUNRISE, FL 33323

FEI Number: 65-0556600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH 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

## OFFICERS AND DIRECTORS:

Title: PDIR  
Name: NORCROSS, GARY A  
Address: 1601 SAWGRASS CORPORATE PARKWAY, SUITE 300  
City-St-Zip: SUNRISE, FL 33323

Title: VP  
Name: GRAVELLE, MICHAEL L  
Address: 1601 SAWGRASS CORPORATE PARKWAY, SUITE 300  
City-St-Zip: SUNRISE, FL 33323

Title: SEC  
Name: GRAVELLE, MICHAEL L  
Address: 1601 SAWGRASS CORPORATE PARKWAY, SUITE 300  
City-St-Zip: SUNRISE, FL 33323

Title: TRES  
Name: LARSEN, KIRK T  
Address: 1601 SAWGRASS CORPORATE PARKWAY, SUITE 300  
City-St-Zip: SUNRISE, FL 33323

Title: DIR  
Name: GRAVELLE, MICHAEL L  
Address: 1601 SAWGRASS CORPORATE PARKWAY SUITE 300  
City-St-Zip: SUNRISE, FL 33323

I hereby 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 all other like empowered.

SIGNATURE: KELLY LETTMANN

POA

03/21/2011

Electronic Signature of Signing Officer or Director

Date