2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2012
Secretary of State

DOCUMENT# P95000007231

Entity Name: WILDCARD SYSTEMS, INC.

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 US

Current Mailing Address:

1601 SAWGRASS CORPORATE PARKWAY
SUITE 300
SUNRISE, FL 33323

New Mailing Address:

1601 SAWGRASS CORPORATE PARKWAY
SUITE 300
SUNRISE, FL 33323 US

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: PCEO
Name: NORCROSS, GARY A
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: VPAT
Name: COUTURIER, JASON L VPAT
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: SECD
Name: GRAVELLE, MICHAEL L SECD
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: SVPT
Name: LARSEN, KIRK T SVPT
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

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 03/31/2012

Electronic Signature of Signing Officer or Director Date