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Secretary of State

04-01-1999 90030 007 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000089917</b>					
1. Corporation Name <b>CU SHARED ATM SERVICES, INC.</b>					
Principal Place of Business <b>3695 N. "L" STREET PENSACOLA FL 32505</b>			Mailing Address <b>3695 N. "L" STREET PENSACOLA FL 32505</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>11/01/1996</b> 4. FEI Number <b>59-3409459</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>WERNICKE, PATRICIA L 3695 N. "L" STREET PENSACOLA FL 32505</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>Patricia L. Wernicke</i> DATE <b>3/15/99</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME <b>BRAMLETTE, GARY</b> STREET ADDRESS <b>6200 NORTH "W" ST.</b> CITY-ST-ZIP <b>PENSACOLA FL 32505</b>			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>McArthur, Gerald Jr.</b> 1.3 STREET ADDRESS <b>225 E. Nine Mile Road</b> 1.4 CITY-ST-ZIP <b>Pensacola, FL 32534</b>		
TITLE <input type="checkbox"/> DELETE NAME <b>WERNICKE, PATRICIA L</b> STREET ADDRESS <b>3695 N. "L" STREET</b> CITY-ST-ZIP <b>PENSACOLA FL 32505</b>			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>Pridgen, Phillip</b> 2.3 STREET ADDRESS <b>5909 Stewart Street</b> 2.4 CITY-ST-ZIP <b>Milton, FL 32572</b>		
TITLE <input type="checkbox"/> DELETE NAME <b>HEMMING, LUCY</b> STREET ADDRESS <b>108 SOUTH REUS ST.</b> CITY-ST-ZIP <b>PENSACOLA FL 32501</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>SPEED, MICHAEL</b> STREET ADDRESS <b>308 N. SPRING ST.</b> CITY-ST-ZIP <b>PENSACOLA FL 32501</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>LOWERY, CARLIS W</b> STREET ADDRESS <b>64 SOUTH REUS ST.</b> CITY-ST-ZIP <b>PENSACOLA FL 32501</b>			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>MEHARG-BROWN, EVELYN</b> STREET ADDRESS <b>480 HIGHWAY 29 SOUTH</b> CITY-ST-ZIP <b>CANTONMENT FL 32533</b>			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

(850) 432-8371

Daytime Phone #

CR2E034 (11/98)