
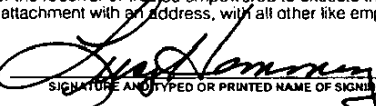


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90129 003 ***150.00

DOCUMENT # P96000089917 1. Entity Name CU SHARED ATM SERVICES, INC.					
Principal Place of Business 3695 N. "L" STREET PENSACOLA, FL 32505			Mailing Address 3695 N. "L" STREET PENSACOLA, FL 32505		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3409459	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WERNICKE, PATRICIA L 3695 N. "L" STREET PENSACOLA, FL 32505				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHETTEPLACE, VONDA 308 N. SPRING ST PENSACOLA, FL 32501	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carolyn Dwell 6200 North W Street Pensacola, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UPCHURCH, ALLEN 480 HIGHWAY 29 S. CANTONMENT, FL 32533	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Lucy Hemming 108 South Reus Street Pensacola, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, CARYL 64 SOUTH REUS STREET PENSACOLA, FL 32502	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Chris Rutledge 220 East Nine Mile Road Pensacola, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIDGEN, PHIL 5909 N. STEWART ST MILTON, FL 32570	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WERNICKE, PATRICIA 3695 NORTH L ST PENSACOLA, FL 32505	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 40%; text-align: right;"> 3/27/07 <small>Date</small> </div> <div style="width: 15%; text-align: right;"> (850) 4329939 <small>Daytime Phone #</small> </div> </div>					