
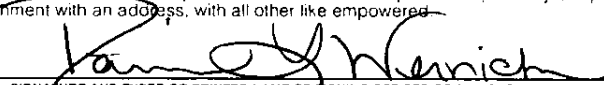


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90388 033 ***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 # 220 E Nine Mile Rd		3. Mailing Address 220 E Nine Mile Rd													
Suite, Apt. #, etc.		Suite, Apt. #, etc.													
City & State Pensacola, FL		City & State Pensacola, FL		4. FEI Number 59-3409459											
Zip 32534		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required											
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">220 E Nine Mile Rd</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">Pensacola</td> <td style="padding: 2px;">FL 32534</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)		220 E Nine Mile Rd		City	Zip Code	Pensacola	FL 32534
Name															
Street Address (P.O. Box Number is Not Acceptable)															
220 E Nine Mile Rd															
City	Zip Code														
Pensacola	FL 32534														
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____															
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D PHETTEPLACE, VONDA <input type="checkbox"/> Delete		TITLE	T Lucy Hemming <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition											
NAME	308 N. SPRING ST		NAME	108 South Reus Street											
STREET ADDRESS	PENSACOLA, FL 32501		STREET ADDRESS	Pensacola, FL 32502											
CITY-ST-ZIP			CITY-ST-ZIP												
TITLE	S UPCHURCH, ALLEN <input checked="" type="checkbox"/> Delete		TITLE	V Chris Rutledge <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition											
NAME	480 HIGHWAY 29 S.		NAME	220 E Nine Mile Rd											
STREET ADDRESS	CANTONMENT, FL 32533		STREET ADDRESS	Pensacola, FL 32534											
CITY-ST-ZIP			CITY-ST-ZIP												
TITLE	D GREENE, CARYL <input type="checkbox"/> Delete		TITLE	D Bill Stark <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition											
NAME	64 SOUTH REUS STREET		NAME	480 Highway 29 South											
STREET ADDRESS	PENSACOLA, FL 32502		STREET ADDRESS	Cantonment, FL 32533											
CITY-ST-ZIP			CITY-ST-ZIP												
TITLE	D PRIDGEN, PHIL <input type="checkbox"/> Delete		TITLE												
NAME	5909 N. STEWART ST		NAME												
STREET ADDRESS	MILTON, FL 32570		STREET ADDRESS												
CITY-ST-ZIP			CITY-ST-ZIP												
TITLE	P WERNICKE, PATRICIA <input type="checkbox"/> Delete		TITLE												
NAME	3695 NORTH L ST		NAME												
STREET ADDRESS	PENSACOLA, FL 32505		STREET ADDRESS												
CITY-ST-ZIP			CITY-ST-ZIP												
TITLE	D DWELL, CAROLYN <input type="checkbox"/> Delete		TITLE												
NAME	6200 NORTH W STREET		NAME												
STREET ADDRESS	PENSACOLA, FL 32502		STREET ADDRESS												
CITY-ST-ZIP			CITY-ST-ZIP												
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.															
SIGNATURE: 			Date: 4/23/08												
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: (850) 479-9601 x112												