

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000089917

FILED
Mar 24, 2009
Secretary of State

Entity Name: CU SHARED ATM SERVICES, INC.

Current Principal Place of Business:

220 E NINE MILE RD.
PENSACOLA, FL 32534

New Principal Place of Business:

Current Mailing Address:

220 E NINE MILE RD.
PENSACOLA, FL 32534

New Mailing Address:

FEI Number: 59-3409459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WERNICKE, PATRICIA L
220 E NINE MILE RD.
PENSACOLA, FL 32534 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PHETTEPLACE, VONDA
Address: 308 N. SPRING ST
City-St-Zip: PENSACOLA, FL 32501

Title: V () Delete
Name: RUTLEDGE, CHRIS
Address: 220 E NINE MILE RD.
City-St-Zip: PENSACOLA, FL 32534

Title: D () Delete
Name: GREENE, CARYL
Address: 64 SOUTH REUS STREET
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: PRIDGEN, PHIL
Address: 5909 N. STEWART ST
City-St-Zip: MILTON, FL 32570

Title: P () Delete
Name: WERNICKE, PATRICIA
Address: 3695 NORTH L ST
City-St-Zip: PENSACOLA, FL 32505

Title: D () Delete
Name: DWELL, CAROLYN
Address: 6200 NORTH W STREET
City-St-Zip: PENSACOLA, FL 32502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: HEMMING, LUCY
Address: 108 S. REUS ST.
City-St-Zip: PENSACOLA, FL 32502

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STARK, WILLIAM
Address: 480 HIGHWAY 29 SOUTH
City-St-Zip: CANTONMENT, FL 32533

Title: D (X) Change () Addition
Name: DWELLE, CAROLYN
Address: 6200 NORTH W STREET
City-St-Zip: PENSACOLA, FL 32502

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LUCY HEMMING

T

03/24/2009

Electronic Signature of Signing Officer or Director

Date