

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000029

1. Entity Name

SUSEH SERVICES, INC. ("THE ELECTRONIC BANKING CENTER")

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90049 025 ***150.00

| | |
|---|--|
| Principal Place of Business 853 CANTERBURY DR. LAKE MARY FL 32746 | Mailing Address 853 CANTERBURY DR. LAKE MARY FL 32746-3455 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|---|--|
| 4. FEI Number 52-2140231 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

TAYLOR, HOWARD
853 CANTERBURY DR.
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name **SHEILA JANEY**

Street Address (P.O. Box Number is Not Acceptable)
773 CREEKWATER #207

City **LAKE MARY** FL Zip Code **32746**

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.

SIGNATURE *Howard Taylor* DATE 3/1/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | |
|---|--|
| TITLE P | <input type="checkbox"/> Delete |
| NAME GUINYARD, TROY | |
| STREET ADDRESS 853 CANTERBURY DR. | |
| CITY-ST-ZIP LAKE MARY FL 32746 | |
| TITLE CEO | <input checked="" type="checkbox"/> Delete |
| NAME WEAVER, DANIEL | |
| STREET ADDRESS 11109 ZIMMERMAN LANE | |
| CITY-ST-ZIP AUSTIN TX 78726 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE SENIOR EVP/SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME SHEILA JANEY | |
| STREET ADDRESS 773 CREEKWATER #207 | |
| CITY-ST-ZIP LAKE MARY FL 32746 | |
| TITLE VICE PRESIDENT MARKETING | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME SHEILA DIXON | |
| STREET ADDRESS 711 CREEKWATER #211 | |
| CITY-ST-ZIP LAKE MARY FL 32746 | |
| TITLE SENIOR EVP MARKETING | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME DAVE PETERSON | |
| STREET ADDRESS 710 LOPEZ AVENUE | |
| CITY-ST-ZIP SEASIDE CA 93955 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sheila Janey* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/1/2000 Daytime Phone # 407-323-1974

CR2E034 (9/99)