

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30168

Entity Name: CARD SERVICES FOR CREDIT UNIONS, INC.**Current Principal Place of Business:**3031 N. ROCKY POINT DR. W.
SUITE 750
TAMPA, FL 33607**Current Mailing Address:**3031 N. ROCKY POINT DR. W.
SUITE 750
TAMPA, FL 33607 US**FEI Number:** 59-2941216**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIS, THOMAS A
3031 N. ROCKY POINT DR. W
SUITE 750
TAMPA, FL 33607 US*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:** THOMAS A DAVIS

04/06/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name STAATZ, ROD
Address 971 CORPORATE BLVD
City-State-Zip: LINTHICUM MD 21090

Title DIRECTOR
Name ZOOK, MARK
Address 451 DIVISION STREET NE
City-State-Zip: SALEM OR 97301

Title DIRECTOR
Name BROCK, DAVID
Address 1030 S US 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name HAWKINS, VICKI
Address 2845 DAVISON ROAD
City-State-Zip: FLINT MI 48506

Title CHAIRMAN
Name SHANER, BARRY A.
Address 5121 WHITEFORD ROAD
City-State-Zip: SYLVANIA OH 43560

Title DIRECTOR
Name MURPHY, MIKE
Address 1501 E. WOODFIELD ROAD
City-State-Zip: SCHAUMBURG IL 60173

Title DIRECTOR
Name O'CONNOR, CHRIS
Address ONE RANDOLPH BROOKS PARKWAY
City-State-Zip: LIVE OAK TX 78233

Title DIRECTOR
Name WERNER, ROB
Address 1500 SPRING GARDEN STREET
SUITE 500
City-State-Zip: PHILADELPHIA PA 19130

Continues on page 2

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS A DAVIS

CEO

04/06/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CLOBES, APRIL
Address 3777 WEST ROAD
City-State-Zip: EAST LANSING MI 48823

Title CEO, PRESIDENT
Name DAVIS, THOMAS A
Address 3031 N. ROCKY POINT DRIVE W
 SUITE 750
City-State-Zip: TAMPA FL 33607