

**2014 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**FEI Number:** 59-2941216**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HACKNEY, ROBERT R  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**Title D  
Name HUBER, DENNIS  
Address 3810 DURBIN STREET  
City-State-Zip: IRWINDALE CA 91706Title D  
Name STAATZ, ROD  
Address 971 CORPORATE BLVD  
City-State-Zip: LINTHICUM MD 21090Title D  
Name MCPHARLIN, PATRICK  
Address 600 EAST CRESENT RD  
City-State-Zip: EAST LANSING MI 48823Title D  
Name YORK, JEFF  
Address PO BOX 200  
City-State-Zip: LOMPOC CA 93438Title D  
Name LEIS, TERRY  
Address 1390 LOGAN STREET  
City-State-Zip: DENVER CO 80203Title P  
Name HACKNEY, ROBERT RIII  
Address 3031 N. ROCKY POINT DR. W  
City-State-Zip: TAMPA FL 33607

*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:** ROBERT HACKNEY

PRESIDENT

01/13/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date