

2016 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 ZOOK, MARK
Address 451 DIVISION STREET NE
City-State-Zip: SALEM OR 97301Title D
Name YORK, JEFF
Address PO BOX 200
City-State-Zip: LOMPOC CA 93438Title D
Name BROCK, DAVID
Address 1030 S US 1
City-State-Zip: ROCKLEDGE FL 32955Title 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****05/03/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date