

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000007231

**Entity Name:** WILDCARD SYSTEMS, INC.

**Current Principal Place of Business:**

1601 SAWGRASS CORPORATE PARKWAY  
SUITE 300  
SUNRISE, FL 33323

**Current Mailing Address:**

1601 SAWGRASS CORPORATE PARKWAY  
SUITE 300  
SUNRISE, FL 33323 US

**FEI Number:** 65-0556600

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CHIEF OPERATING OFFICER AND PRESIDENT  
Name NORCROSS, GARY A.  
Address 601 RIVERSIDE AVE.  
City-State-Zip: JACKSONVILLE FL 32204

Title CORPORATE SECRETARY / DIRECTOR  
Name OATES, MICHAEL P.  
Address 601 RIVERSIDE AVE.  
City-State-Zip: JACKSONVILLE FL 32204

Title ASSISTANT SECRETARY  
Name BURGESS, DEBRA H.  
Address 601 RIVERSIDE AVE.  
City-State-Zip: JACKSONVILLE FL 32204

Title SENIOR VICE PRESIDENT OF FINANCE AND TREASURER  
Name COUTURIER, JASON L.  
Address 601 RIVERSIDE AVE.  
City-State-Zip: JACKSONVILLE FL 32204

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

**SIGNATURE:** DEBRA H. BURGESS

**ASSISTANT SECRETARY** 04/12/2014

Electronic Signature of Signing Officer/Director Detail

Date