

2013 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 ASSISTANT SECRETARY
Name BURGESS, DEBRA H
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title CORPORATE SENIOR VICE
PRESIDENT AND TREASURER
Name LARSEN, KIRK T
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title CHIEF OPERATING OFFICER AND
PRESIDENT
Name NORCROSS, GARY A.
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title CORPORATE EXECUTIVE VICE
PRESIDENT, GENERAL COUNSEL,
CORPORATE SECRETARY,
DIRECTOR
Name OATES, MICHAEL P.
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 04/04/2013

Electronic Signature of Signing Officer/Director Detail

Date