

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 09, 2015
Secretary of State
CC4857534818

Entity Name: FIDELITY NATIONAL INFORMATION SERVICES, INC.

Current Principal Place of Business:

601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

Current Mailing Address:

601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204 US

FEI Number: 37-1490331

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 DIRECTOR
Name ALEMANY, ELLEN
Address 601 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204

Title TREASURER
Name COUTURIER, JASON L.
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name HUGHES, KEITH W.
Address 601 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name HAGERTY, THOMAS M. DR.
Address 601 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name HUNT, DAVID K.
Address 601 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name JAMES, STEPHAN A
Address 601 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name MASSEY, RICHARD N.
Address 601 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name MUMA, LESLIE M.
Address 601 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204

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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: MICHAEL P. OATES

SECRETARY

04/09/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR/PRESIDENT
Name NORCROSS, GARY A.
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

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

Title DIRECTOR
Name STALLINGS, JAMES B. JR.
Address 601 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204