

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90065 045 ***150.00

DOCUMENT # F01000005245

1. Entity Name
ADS COMMERCIAL SERVICES, INC.



Principal Place of Business
C/O ALLIANCE DATA SYS.///ATTN: LYNN KAHL
800 TECHCENTER DRIVE
GAHANNA OH 43230

Mailing Address
C/O ALLIANCE DATA SYS.///ATTN: LYNN KAHL
800 TECHCENTER DRIVE
GAHANNA OH 43230



2. Principal Place of Business
8035 Quivira Rd

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Lenexa, KS

City & State

4. FEI Number **36-4005174**

Applied For
Not Applicable

Zip **66214**

Country **USA**

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BELTZ, MICHAEL A	
STREET ADDRESS	17655 WATERVIEW PARKWAY	
CITY-ST-ZIP	DALLAS TX 75252	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHUMACHER, RICHARD E JR.	
STREET ADDRESS	800 TECHCENTER DRIVE	
CITY-ST-ZIP	GAHANNA OH 43230	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MELVIN, CAROLYN S	
STREET ADDRESS	800 TECHCENTER DRIVE	
CITY-ST-ZIP	GAHANNA OH 43230	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARMIK, ROBERT	
STREET ADDRESS	800 TECHCENTER DRIVE	
CITY-ST-ZIP	GAHANNA OH 43230	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	HEFFERNAN, EDWARD	
STREET ADDRESS	17655 WATERVIEW PARKWAY	
CITY-ST-ZIP	DALLAS TX 75252	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	WATTS, KELLIE	
STREET ADDRESS	17655 WATERVIEW PARKWAY	
CITY-ST-ZIP	DALLAS TX 75252	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Utay Alan M.	
STREET ADDRESS	17655 Waterview Parkway	
CITY-ST-ZIP	Dallas, TX 75252	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leigh Ann Epperson	
STREET ADDRESS	17655 Water View Parkway	
CITY-ST-ZIP	Dallas, TX 75252	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED VP-cop TX* **4-17-03** **614-729-7678**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)