

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002621

FILED  
Apr 10, 2012  
Secretary of State

Entity Name: S1, INC.

**Current Principal Place of Business:**

705 WESTECH DRIVE  
NORCROSS, GA 30092

**New Principal Place of Business:**

**Current Mailing Address:**

705 WESTECH DRIVE  
NORCROSS, GA 30092

**New Mailing Address:**

FEI Number: 61-0974373      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      US

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

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

**OFFICERS AND DIRECTORS:**

Title: D VP  
Name: BYRNES, DENNIS P  
Address: 6060 COVENTRY DRIVE  
City-St-Zip: ELKHORN, NE 68022

Title: D VP  
Name: BEHRENS, SCOTT W  
Address: 6060 COVENTRY DRIVE  
City-St-Zip: ELKHORN, NE 68022

Title: P  
Name: DANGELMAIER, RALPH  
Address: 880 WINTER ST., STE. 110  
City-St-Zip: WALTHAM, MA 02451

Title: T  
Name: MAKI, CRAIG  
Address: 120 BROADWAY, STE. 3350  
City-St-Zip: NEW YORK, NY 10271

Title: AS  
Name: DIAZ, LA DELL  
Address: 6060 COVENTRY DRIVE  
City-St-Zip: ELKHORN, NE 68022

Title: S  
Name: BYRNES, DENNIS P  
Address: 6060 COVENTRY DRIVE  
City-St-Zip: ELKHORN, NE 68022

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: LA DELL DIAZ

AS

04/10/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date