

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Merham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P27549 (5)**

1. Corporation Name  
**FISERV DATA-PRO CARD SERVICES, INC.**



Principal Place of Business Mailing Address  
**8904 BASH STREET, SUITE M INDIANAPOLIS IN 46256**

2. Principal Place of Business 2a. Mailing Address  
21 Subv. Apt. #, etc. 26 State, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **01/02/1990** 3a. Date of Last Report **06/20/1995**  
4. FEI Number **35-1432179** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person filing this report (Signature of the filer)

Signature of the person filing this report (Signature of the filer)

DATE

12. OFFICERS AND DIRECTORS  
12.1 NAME: **P ZIZI, JOSEPH** [ ] DELETE  
12.2 STREET ADDRESS: **8904 BASH STREET INDIANAPOLIS IN 46256**  
12.3 CITY-STATE-ZIP: **T**  
12.4 TITLE: **BUMBALOUGH, JERRY** [ ] DELETE  
12.5 STREET ADDRESS: **8904 BASH STREET INDIANAPOLIS IN 46256**  
12.6 CITY-STATE-ZIP: **TD**  
12.7 TITLE: **JENSEN, KENNETH** [ ] DELETE  
12.8 STREET ADDRESS: **8904 BASH STREET INDIANAPOLIS IN**  
12.9 CITY-STATE-ZIP: [ ] DELETE  
12.10 NAME: [ ] DELETE  
12.11 STREET ADDRESS: [ ] DELETE  
12.12 CITY-STATE-ZIP: [ ] DELETE  
12.13 NAME: [ ] DELETE  
12.14 STREET ADDRESS: [ ] DELETE  
12.15 CITY-STATE-ZIP: [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
13.1 NAME: [ ] Change [ ] Addition  
13.2 STREET ADDRESS: [ ] Change [ ] Addition  
13.3 CITY-STATE-ZIP: [ ] Change [ ] Addition  
13.4 TITLE: [ ] Change [ ] Addition  
13.5 NAME: [ ] Change [ ] Addition  
13.6 STREET ADDRESS: [ ] Change [ ] Addition  
13.7 CITY-STATE-ZIP: [ ] Change [ ] Addition  
13.8 TITLE: [ ] Change [ ] Addition  
13.9 NAME: [ ] Change [ ] Addition  
13.10 STREET ADDRESS: [ ] Change [ ] Addition  
13.11 CITY-STATE-ZIP: [ ] Change [ ] Addition  
13.12 TITLE: [ ] Change [ ] Addition  
13.13 NAME: [ ] Change [ ] Addition  
13.14 STREET ADDRESS: [ ] Change [ ] Addition  
13.15 CITY-STATE-ZIP: [ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Jerry Bumbalough* 37-5796400  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)