

| No. <b>C 198641</b>  |                    | <b>Due no later than Jun 30, 2018</b><br><b>Annual Report Form</b>  |           | 2. Registered Agent and Address ( <b>NO PO BOX</b> )                              |         |  |  |
|--|--------------------|---|-----------|---|---------|--|--|
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>COMDATA INC.<br>ATTN: LEGAL<br>5301 MARYLAND WAY<br>BRENTWOOD TN 37027 |           | CORPORATION SERVICE COMPANY<br>12550 W EXPLORER DR STE 100<br>BOISE ID 83713-3702 |         |  |  |
|  |                    |   |           |   |         | 3. <u>New</u> Registered Agent Signature:* |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).  |                    |   |           |   |         |  |  |
| Office Held  | Name               | Street or PO Address  | City      | State   | Country | Postal Code                                |  |
| TREASURER  | ROBERT E. KRIBBS   | 5301 MARYLAND WAY   | BRENTWOOD | TN  | USA     | 37027                                      |  |
| SECRETARY  | LISA E. PEERMAN    | 5301 MARYLAND WAY   | BRENTWOOD | TN  | USA     | 37027                                      |  |
| DIRECTOR   | ROBERT E. KRIBBS   | 5301 MARYLAND WAY   | BRENTWOOD | TN  | USA     | 37027                                      |  |
| DIRECTOR   | KIMBERLY SOUTHDARD | 5301 MARYLAND WAY   | BRENTWOOD | TN  | USA     | 37027                                      |  |
| DIRECTOR   | GREG SECORD        | 5301 MARYLAND WAY   | BRENTWOOD | TN  | USA     | 37027                                      |  |
| PRESIDENT  | GREG SECORD        | 5301 MARYLAND WAY   | BRENTWOOD | TN  | USA     | 37027                                      |  |
| 5. Organized Under the Laws of:<br><br><b>DE</b><br><b>C 198641</b>  |                    | 6. Annual Report must be signed.*<br><br>Signature: Lisa E. Peerman<br>Name (type or print): Lisa E. Peerman                            |           |   |         |  |  |
|  |                    | Date: 05/03/2018<br>Title: Secretary  |           |   |         |  |  |
| Processed 05/03/2018   |                    | * Electronically provided signatures are accepted as original signatures.   |           |   |         |  |  |