

No. C 138122		Due no later than Mar 31, 2006 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. CERTEGY PAYMENT RECOVERY SERVICES, INC. MARCIA GLICK/LE 601 RIVERSIDE AVE. JACKSONVILLE FL 32204		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702			
						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	
DIRECTOR	R. RENZ NICHOLS	100 SECOND AVE. S, SUITE 1100S	ST. PETERSBURG	FL	USA	33701	
DIRECTOR	LYNN CRAVEY	100 SECOND AVE. S, SUITE 1100S	ST. PETERSBURG	FL	USA	33701	
DIRECTOR	FREDRIC STERN	100 SECOND AVE. S, SUITE 1100S	ST. PETERSBURG	FL	USA	33701	
PRESIDENT	R. RENZ NICHOLS	100 SECOND AVE. S, SUITE 1100S	ST. PETERSBURG	FL	USA	33701	
SECRETARY	LYNN CRAVEY	100 SECOND AVE. S, SUITE 1100S	ST. PETERSBURG	FL	USA	33701	
5. Organized Under the Laws of: GEORGIA C 138122		6. Annual Report must be signed.* Signature: LYNN CRAVEY Name (type or print): LYNN CRAVEY					
		Date: 03/13/2006 Title: SECRETARY					
Processed 03/13/2006		* Electronically provided signatures are accepted as original signatures.					