

No. C 138122		Due no later than Mar 31, 2009 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. 11601 ROOSEVELT BLVD NORTH ST. PETERSBURG FL 33716		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702- USA		
				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	LYNN CRAVEY	11601 ROOSEVELT BLVD NORTH	ST. PETERSBURG	FL	USA	33716
DIRECTOR	R. RENZ NICHOLS	11601 ROOSEVELT BLVD NORTH	ST. PETERSBURG	FL	USA	33716
DIRECTOR	LYNN CRAVEY	11601 ROOSEVELT BLVD NORTH	ST. PETERSBURG	FL	USA	33716
PRESIDENT	R. RENZ NICHOLS	11601 ROOSEVELT BLVD NORTH	ST. PETERSBURG	FL	USA	33716
SECRETARY	LYNN CRAVEY	11601 ROOSEVELT BLVD NORTH	ST. PETERSBURG	FL	USA	33716
5. Organized Under the Laws of: GA C 138122		6. Annual Report must be signed.* Signature: Jane Louis Name (type or print): Jane Louis Date: 02/05/2009 Title: Poa				
Processed 02/05/2009		* Electronically provided signatures are accepted as original signatures.				