

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215503235

1.) CORPORATION NAME:

ACI Worldwide Corp.

DUE DATE: **1/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F1846601**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000
PREFER	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6060 COVENTRY DR
CITY/ST/ZIP: ELKHORN, NE 68022

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DANIEL FRATE TITLE: PRESIDENT ADDRESS: 3520 KRAFT ROAD SUITE 300 CITY/ST/ZIP/CO: NAPLES, FL 34105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SCOTT BEHRENS TITLE: VICE PRESIDENT ADDRESS: 6060 COVENTRY DRIVE CITY/ST/ZIP/CO: ELKHORN, NE 68022	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DENNIS P BYRNES TITLE: VICE PRESIDENT ADDRESS: 6060 COVENTRY DRIVE CITY/ST/ZIP/CO: ELKHORN, NE 68022	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LA DELL DIAZ TITLE: VP/ ASST SEC ADDRESS: 6060 COVENTRY DRIVE CITY/ST/ZIP/CO: ELKHORN, NE 68022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CRAIG MAKI TITLE: VICE PRESIDENT ADDRESS: 3520 KRAFT ROAD SUITE 300 CITY/ST/ZIP/CO: NAPLES, FL 34105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BRYAN A PETERSON TITLE: VICE PRESIDENT ADDRESS: 6060 COVENTRY DRIVE CITY/ST/ZIP/CO: ELKHORN, NE 68022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: THEODORE RODRIGUEZ TITLE: VP/ ASST SEC ADDRESS: 6060 COVENTRY DRIVE CITY/ST/ZIP/CO: ELKHORN, NE 68022	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: SCOTT BEHRENS TITLE: ASST TREASURER ADDRESS: 6060 COVENTRY DRIVE CITY/ST/ZIP/CO: ELKHORN, NE 68022	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CRAIG MAKI TITLE: TREASURER ADDRESS: 3520 KRAFT ROAD CITY/ST/ZIP/CO: SUITE 300 NAPLES, FL 34105	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: BRYAN A PETERSON TITLE: ASST TREASURER ADDRESS: 6060 COVENTRY DRIVE CITY/ST/ZIP/CO: ELKHORN, NE 68022	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ THEODORE RODRIGUEZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THEODORE RODRIGUEZ, VP/ ASST SEC PRINTED NAME AND CORPORATE TITLE
1/22/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	