

1.) CORPORATION NAME:

Fidelity National Information Services, Inc.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1866401**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	600,000,000
PREFER	200,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

GA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 601 Riverside Avenue

CITY/ST/ZIP: Jacksonville, FL 32204

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.

<p>NAME: FRANK R MARTIRE TITLE: CEO ADDRESS: 601 Riverside Ave. CITY/ST/ZIP/CO: Jacksonville, FL 32204</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL L GRAVELLE TITLE: SECRETARY ADDRESS: 601 Riverside Ave. CITY/ST/ZIP/CO: Jacksonville, FL 32204</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL D HAYFORD TITLE: CFO ADDRESS: 601 Riverside Ave. CITY/ST/ZIP/CO: Jacksonville, FL 32204</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: GARY A NORCROSS TITLE: Pres/COO ADDRESS: 601 Riverside Ave. CITY/ST/ZIP/CO: Jacksonville, FL 32204</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Kirk T. Larsen TITLE: TREASURER ADDRESS: 601 Riverside Ave. CITY/ST/ZIP/CO: Jacksonville, FL 32204</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Debra Burgess TITLE: other officer ADDRESS: 601 Riverside Avenue CITY/ST/ZIP/CO: Jacksonville, FL 32204</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: Thomas M. Hagerty TITLE: DIRECTOR ADDRESS: 601 Riverside Avenue CITY/ST/ZIP/CO: Jacksonville, FL 32204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: Keith W. Hughes TITLE: DIRECTOR ADDRESS: 601 Riverside Avenue CITY/ST/ZIP/CO: Jacksonville, FL 32204	<input type="checkbox"/> OFFICER	<input checked="" 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/ Debra Burgess	Debra Burgess, other officer	7/19/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.