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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 JAN 27 PM 12:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 731619 (3)

1. Corporation Name

THE PAYMENT SYSTEMS NETWORK, INC.

Principal Place of Business	Mailing Address
2600 LAKE LUCIEN DRIVE #101 MAITLAND FL 32751	2600 LAKE LUCIEN DRIVE #101 MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1975
3a. Date of Last Report: 06/28/1994
4. FEI Number: 23-7429464 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCHULTZ, PATRICIA A.
2600 LAKE LUCIEN DRIVE
SUITE 101
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCHULTZ, PATRICIA A. 2600 LAKE LUCIEN DRIVE MAITLAND FL ok	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition P Steve Potter 50 N. LAURA ST JACKSONVILLE, FL 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT JOHNSON, SIGFRID 5519 IDLEWILD TAMPA FL delete	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUSHWOOD, WILLIAM N 7455 CHANCELLOR DRIVE ORLANDO FL	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D/T ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIGGINS, ANDREW L. 50 N LAURA ST JACKSONVILLE FL ok	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWRENCE, MICKEY 200 S NOKOMIS AVE VENICE FL	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D/C ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C CHARLET, KERRY 6320 ST AUGUSTINE RD JACKSONVILLE FL	0.1 TITLE / 0.2 NAME / 0.3 STREET ADDRESS / 0.4 CITY-ST-ZIP	☒ Change ☐ Addition delete SCC 1-30-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia A. Schultz Patricia A. Schultz 1-12-95 407-661-5820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000177-1