26



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 757378**

PAYMENT SYSTEMS FOR CREDIT UNIONS, INC.

Principal Place of Business	Mailing Address
560 CARILLON PKWY	P.O. BOX31216
ST. PETE FL 33716	Tampa FL 33631
US	US

FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90076 030 ****61.25

- { EB\$							
------------	--	--	--	--	--	--	--

3. Date incorporated or Qualifed

04/02/1981

21		26			04/02/1981			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	4. FEI Number Applied For			
27					59-1743434 Not Applicable			
City & State City & State					5. Certificate of Status Desired \$8.75 Additional			
23		28			Fee Required			
Zip	Country	Zip	Country		6. Election Campaign Financing \$5.00 May Be			
24	25	29 36	0		Trust Fund Contribution Added to Fees			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent			
			81	Name				
SERLO, D	AVID J		82	82 Street Address (P.O. Box Number is Not Acceptable)				
	LON PKWY			0.1007,001000 (1.10100)				
ST. PETE			83					
J			84	City	- 85 Zip Code			
			04	City	FL 85 Zip Code			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	, the above	-named	corporation submits this statement for the purpose of changing its registered			
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auth	norized by	the como	poration's board of directors. I hereby accept the appointment as registered			
	ili lamilla with and accept the congation	713 OF, OCCUON 6 17.0000, 7 Kind	a 0.0.0.0	•				
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	egistered Agen	! signature re	required when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition			
NAME	Baranowski, Ed		1.2 NAME					
STREET ADDRESS	3075 ALAFAYA TRAIL #300		1.3 STREET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1.4 CITY+S	r-ZIP				
TITLE	TD	DELETE	2.1 TITLE		TREASURED Change WAddition			
NAME	SHARP, LARRY		2.2 NAME		NED HINES,			
STREET ADDRESS	2121 N "D" ST		2.3 STREET	ADDRESS	3710 N. 50th ST.			
CITY-ST-ZIP	SAN BERNARDINO CA		2 4 CfTY-S	T-21P	TAMPA FL. 33619			
TITLE	VCD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition			
NAME	YOKUM, JEAN		3.2 NAME					
STREET ADDRESS	1055 W MERCURY BLVD		3.3 STREET	ADDRESS				
CITY-ST-ZIP	HAMPTON VA		3.4. CITY-S	T-ZIP	,			
TITLE	CD	☐ DELETE	4.1 TITLE		Change Addition			
NAME	WALLING, JOHN T.		4. 2 NAME	1				
STREET ADDRESS	101 S BARRANCO		4.3 STREET	ADDRESS				
CITY-ST-ZIP	COVINA CA		4.4 CITY-S					
TITLE	PD	☐ DELETE	5.1 TITLE		Change Addition			
NAME	SERLO, DAVID		5.2 NAME					
STREET ADDRESS	560 CARILLON PARKWAY		5.3 STREET	ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CTTY-S	r-ZIP				
TITLE		DELETE	6.1 TITLE		Change Addition			
NAME			6.2 NAME]				
STREET ADDRESS			6.3 STREET	ADDRESS				
			6.4 CITY-S	r-zap	,			
CITY-ST-ZIP	pertify that the information supplied with	this filing does not qualify for th	.		ed 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, with all other like empowered.

SIGNATURE:

1-6-99