

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # F01000004026</b> 1. Entity Name <b>BRIDGEVIEW PAYMENT SOLUTIONS, INC.</b>					
Principal Place of Business 710 QUAIL RIDGE DRIVE WESTMONT, IL 60559		Mailing Address 710 QUAIL RIDGE DRIVE WESTMONT, IL 60559			
2. Principal Place of Business State, Apt. #, etc.		3. Mailing Address State, Apt. #, etc.		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number <b>38-4376553</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature of, or by printed name of registered agent and in all applicable cases, (NOTE: Registered Agent's signature required when amending)</small>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MAHER, JAMES M</b> 710 QUAIL RIDGE DRIVE WESTMONT, IL 60559	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>CONAGHAN, WILLIAM L</b> 710 QUAIL RIDGE DRIVE WESTMONT, IL 60559	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <b>HALEAS, THOMAS P</b> 710 QUAIL RIDGE DRIVE WESTMONT, IL 60559	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HALEAS, PETER J</b> 710 QUAIL RIDGE DRIVE WESTMONT, IL 60559	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Thomas P. Haleas</i>			SIGNATURE: <i>Thomas P. Haleas</i>		Date: <i>4/28/03</i>

CH282034 (1/02/02)