

MAR. 26. 2004 9:44AM


CORPORATION SVC CO.

NO. 13006 P. 2:6 3

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DIVISION OF CORPORATIONS

04 MAR 26 AM 10:01

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

DOCUMENT # F0100004109	
1. Entity Name Heartland Payment Systems, Inc.	

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 0304

2. Principal Place of Business 47 Hulfish Street Suite, Apt. #, etc.	3. Mailing Address 47 Hulfish Street Suite, Apt. #, etc.
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RM DO NOT WRITE IN THIS SPACE

City & State Princeton, NJ	City & State Princeton, NJ	4. FEI Number 22-3755714	Applied For <input type="checkbox"/> Not Applicable
Zip 08542	Country USA	Zip 08542	Country USA

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent	
Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
City Tallahassee	FL 32301

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 *Lynette Coleman* Lynette Coleman as its agent DATE 3/26/04

Signature, print or printed name of individual agent and fee if applicable. (NOTE: Registered Agent, signature not valid when reappointed)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	See attached schedule.
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other filers empowered.

SIGNATURE: *Robert H. B. Baldwin, Jr.* Robert H. B. Baldwin, Jr. DATE 3/19/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NO4000064436 3

CS2E0348 (12/02)

M04000064436 3

Heartland Payment Systems, Inc.

The address of the officers is 47 Hulfish Street,
Princeton, NJ 05842.

Officers

<u>Name</u>	<u>Title</u>
Robert O. Carr	Chairman & Chief Executive Officer
Martin Uhle	Chief Operating Officer and President
Robert H.B. Baldwin, Jr.	Chief Financial Officer
Michael Hammer	Chief Marketing Officer
Brooks Terrell	Chief Technology Officer
David Morris	Chief Services Officer

M04000064436 3

H04000064436 3

Heartland Payment Systems, Inc.

The address of the directors is 47 Hulfish Street
Princeton, NJ 08542.

Directors

Robert O. Carr
Martin Uhle
Marc Ostro
Jonathan Palmer
Robert H. Niehaus
Scott L. Bok
Mitchell L. Hollin

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Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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((H04000064436 3)))

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Division of Corporations
Fax Number : (850) 205-0384

From:
Account Name : CORPORATION SERVICE COMPANY IAZH
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

HEARTLAND PAYMENT SYSTEMS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$908.75

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