


**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

04 MAY -6 PM 2 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1A2

DOCUMENT # F0100004109			
1. Entity Name HEARTLAND PAYMENT SYSTEMS, INC.			
Principal Place of Business 47 HULFISH STREET PRINCETON, NJ 08542		Mailing Address 47 HULFISH STREET PRINCETON, NJ 08542	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 22-3755714		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. Cynthia L. Harris as its agent SIGNATURE: <i>Cynthia L. Harris</i> DATE: 5/6/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR Is \$61.25		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	CCED CARR, ROBERT O 47 HULFISH STREET PRINCETON, NJ 05842 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800035717938
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COPD UHLE, MARTIN 47 HULFISH STREET PRINCETON, NJ 05842 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO BALDWIN, ROBERT H.B. JR 47 HULFISH STREET PRINCETON, NJ 05842 <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	CMO HAMMER, MICHAEL 47 HULFISH STREET PRINCETON, NJ 05842 <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	CTO TERRELL, BROOKS 47 HULFISH STREET PRINCETON, NJ 05842 <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	CSO MORRIS, DAVID 47 HULFISH STREET PRINCETON, NJ 05842 <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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Robert H.B. Baldwin Jr</i>		Date: 4/29/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032
REFERENCE : 617260 4320916
AUTHORIZATION : Patricia Pignato
COST LIMIT : \$ 70.00

ORDER DATE : May 5, 2004
ORDER TIME : 10:24 AM
ORDER NO. : 617260-010
CUSTOMER NO: 4320916
CUSTOMER: Marty Pomerance, Paralegal
Dorsey & Whitney L.l.p.
250 Park Avenue
New York, NY 10177

AMENDED ANNUAL REPORT FILING

NAME: HEARTLAND PAYMENT SYSTEMS,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: _____

RECEIVED
04 MAY -6 PM 12:42
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA