

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F16149

1. Entity Name
PAYSYS INTERNATIONAL, INC.

Principal Place of Business

ONE MECA WAY
NORCROSS GA 30093
US

Mailing Address

ONE MECA WAY
NORCROSS GA 30093
US

2. Principal Place of Business

900 Winderley Place

Suite, Apt. #, etc.

3. Mailing Address

900 Winderley Place

Suite, Apt. #, etc.

City & State
Maitland, FL 32751

City & State
Maitland, FL 32751

Zip Country
32751 USA

Zip Country
32751 USA

6. Name and Address of Current Registered Agent

WEBSTER, RONALD S
WHITAKER, STUMP, WEBSTER & MILLER, P.A.
201 NORTH MAGNOLIA AVENUE, SUITE 100
ORLANDO FL 32801

4. FEI Number 59-2061461

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE DCEP ☐ Delete
NAME GRUBB, STEPHEN B
STREET ADDRESS 2765 N. HILLS DR.
CITY-ST-ZIP ATLANTA GA

TITLE D ☐ Delete
NAME STRANGE, J L
STREET ADDRESS 4355 SHACKELFORD RD
CITY-ST-ZIP NORCROSS GA 30093

TITLE D ☐ Delete
NAME FISHER, R L
STREET ADDRESS 2 BARNETT DR
CITY-ST-ZIP WOODSIDE CA 94062

TITLE D ☐ Delete
NAME GLASSMEYER, E F
STREET ADDRESS ONE GORHAM ISLAND
CITY-ST-ZIP WESTPORT CT 06880

TITLE D ☐ Delete
NAME HELBIG, P M
STREET ADDRESS 389 WYOMING AVE
CITY-ST-ZIP MILLBURN NJ 07041

TITLE S ☒ Delete
NAME DOWLING, MICHAEL
STREET ADDRESS ONE MECA WAY
CITY-ST-ZIP NORCROSS GA 30093

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME MARCIA J. HOOPER
STREET ADDRESS 75 STATE ST. 29th Floor
CITY-ST-ZIP BOSTON MA 02109

TITLE D ☐ Change ☒ Addition
NAME STEPHEN M. JENKS
STREET ADDRESS 85 MERRIMAC ST. SUITE 200
CITY-ST-ZIP BOSTON MA 02114

TITLE S/VIT ☐ Change ☒ Addition
NAME HARVEY WAGNER
STREET ADDRESS ONE MECA WAY
CITY-ST-ZIP NORCROSS GA 30093

TITLE S(CAST) ☐ Change ☒ Addition
NAME TIM HANNIFIN
STREET ADDRESS ONE MECA WAY
CITY-ST-ZIP NORCROSS GA 30093

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

407-660-0343 X314

Daytime Phone #

CR2E034 (10/00)