


5-14-97 B- 1210 - C  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000003467 (5)**

1. Corporation Name  
**MONEYGRAM PAYMENT SYSTEMS, INC.**



Principal Place of Business <b>7401 WEST MANSFIELD AVE.</b> <b>LAKEWOOD CO 80235</b>	Mailing Address <b>7401 WEST MANSFIELD AVE.</b> <b>LAKEWOOD CO 80235-2212</b>
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3. Date Incorporated or Qualified <b>07/09/1996</b>	3a. Date of Last Report
4. FEI Number <b>84-1327808</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 Park 80 West Plaza I</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 Park 80 West Plaza I</b> Suite, Apt. #, etc.
22 City & State <b>23 Saddle Brook, NJ</b>	27 City & State <b>28 Saddle Brook, NJ</b>
24 Zip <b>07663</b>	25 Country <b>USA</b>
29 Zip <b>07663</b>	30 Country <b>USA</b>

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SEADER, PAUL A</b>
STREET ADDRESS	<b>ONE BATTERY PARK PLAZA</b>
CITY-ST-ZIP	<b>NEW YORK NY 10004-1482</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ZIESER, JOHN S</b>
STREET ADDRESS	<b>11718 NICHOLAS ST.</b>
CITY-ST-ZIP	<b>OMAHA NE 68154</b>
TITLE	<b>CEOD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SEADER, PAUL A</b>
STREET ADDRESS	<b>ONE BATTERY PARK PLAZA</b>
CITY-ST-ZIP	<b>NEW YORK NY 10004-1482</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>AYERS, ROBBIN L</b>
STREET ADDRESS	<b>7401 MANSFIELD AVE.</b>
CITY-ST-ZIP	<b>LAKEWOOD CO 80235</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LASKY, ISAAC F</b>
STREET ADDRESS	<b>7401 W MANSFIELD AVE.</b>
CITY-ST-ZIP	<b>LAKEWOOD CO 80235</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>CEO, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Calvano, James F.</b>
1.3 STREET ADDRESS	<b>Park 80 West Plaza I</b>
1.4 CITY-ST-ZIP	<b>Saddle Brook, NJ 07663</b>
2.1 TITLE	<b>S, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Kenyon, Andrea M.</b>
2.3 STREET ADDRESS	<b>Park 80 West Plaza I</b>
2.4 CITY-ST-ZIP	<b>Saddle Brook, NJ 07663</b>
3.1 TITLE	<b>V, CFO, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Fowler, John M.</b>
3.3 STREET ADDRESS	<b>Park 80 West Plaza I</b>
3.4 CITY-ST-ZIP	<b>Saddle Brook, NJ 07663</b>
4.1 TITLE	<b>V, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Ayers, Robbin L.</b>
4.3 STREET ADDRESS	<b>Park 80 West Plaza I</b>
4.4 CITY-ST-ZIP	<b>Saddle Brook, NJ 07663</b>
5.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Friedman, Alan H.</b>
5.3 STREET ADDRESS	<b>Park 80 West Plaza I</b>
5.4 CITY-ST-ZIP	<b>Saddle Brook, NJ 07663</b>
6.1 TITLE	<b>V, T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Kuhnemund, Robert</b>
6.3 STREET ADDRESS	<b>7401 W. Mansfield Avenue</b>
6.4 CITY-ST-ZIP	<b>Lakewood, CO 80235</b>

14. I do 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 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John M. Fowler **JOHN M. FOWLER** 4/20/97 201.291.3603  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)