

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003467 (5)
 1. Corporation Name
MONEYGRAM PAYMENT SYSTEMS, INC.



Principal Place of Business PARK 80 WEST PLAZA I SADDLE BROOK NJ 07663 US	Mailing Address PARK 80 WEST PLAZA I SADDLE BROOK NJ 07663 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified
07/09/1996

4. FEI Number 84-1327808	Applied For
	Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	CALVANO, JAMES F	
STREET ADDRESS	PARK 80 W PLAZA I	
CITY-ST-ZIP	SADDLE BROOK NJ	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KENYON, ANDREW M	
STREET ADDRESS	PARK 80 W PLAZA I	
CITY-ST-ZIP	SADDLE BROOK NJ	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	FOWLER, JOHN M	
STREET ADDRESS	PARK 80 W PLAZA I	
CITY-ST-ZIP	SADDLE BROOK NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AYERS, ROBBIN L	
STREET ADDRESS	PARK 80 W PLAZA I	
CITY-ST-ZIP	SADDLE BROOK NJ	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDMAN, ALAN H	
STREET ADDRESS	PARK 80 W PALZA I	
CITY-ST-ZIP	SADDLE BROOK NJ	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	KUHNEMUND, ROBERT	
STREET ADDRESS	7401 W MANSFIELD AVE	
CITY-ST-ZIP	LAKEWOOD CO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Fitzpatrick, Brian J.
5.3 STREET ADDRESS	Park 80 West Plaza I
5.4 CITY-ST-ZIP	Saddle Brook, NJ 07663
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Fowler, John M.
6.3 STREET ADDRESS	Park 80 West Plaza I
6.4 CITY-ST-ZIP	Saddle Brook, NJ 07663

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Robert Kuhnemund* *Philip Ayers* *4/30/98*

CR2E034 (10/97)