

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003467

FILED
Jan 07, 2004
Secretary of State

Entity Name: MONEYGRAM PAYMENT SYSTEMS, INC.

Current Principal Place of Business:

1850 N. CENTRAL AVE
PHOENIX, AZ 850772249 US

New Principal Place of Business:

1850 N. CENTRAL AVE
0949
PHOENIX, AZ 850770949 US

Current Mailing Address:

1850 N. CENTRAL AVE
PHOENIX, AZ 850772249 US

New Mailing Address:

1850 N. CENTRAL AVE
0949
PHOENIX, AZ 850770949 US

FEI Number: 84-1327808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: MILNE, PHILIP W
Address: 1550 UTICA AVE S.
City-St-Zip: ST LOUIS PARK, MN 55416

Title: AS () Delete
Name: HAIDER, THOMAS E
Address: 1550 UTICA AVE S.
City-St-Zip: ST LOUIS PARK, MN 55416

Title: VAT () Delete
Name: INGERSOLL, ELLEN
Address: 1850 N CENTRAL AVENUE
City-St-Zip: PHOENIX, AZ 85077

Title: VPI () Delete
Name: PUTNEY, WILLIAM J
Address: 1550 UTICA AVE S.
City-St-Zip: ST LOUIS PARK, MN 55416

Title: AS () Delete
Name: KOTEK, CAROL
Address: VIAD TOWER
City-St-Zip: PHOENIX, AZ 85077

Title: AS () Delete
Name: SIMMONS, LAYNER
Address: 1850 N. CENTRAL AVE.
City-St-Zip: PHOENIX, AZ 850770949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAYNE R. SIMMONS

AS

01/07/2004

Electronic Signature of Signing Officer or Director

Date