## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000003467

Entity Name: MONEYGRAM PAYMENT SYSTEMS, INC.

FILED Feb 02, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1850 N. CENTRAL AVE 0949				1550 UTICA AVE. S. MINNEAPOLIS, MN 55416 US		
	AZ 850770949	US	ļ	VIIIVIVLAFO	LIO, WIN 33410	00
Current Mailing Address:				New Mailing Address:		
0949	N. CENTRAL AVE ENIX, AZ 850770949 US			1550 UTICA AVE. S. MINNEAPOLIS, MN 55416 L		US
FEI Number:	84-1327808	FEI Number Applied For ( )	FEI Numb	oer Not Applie	cable ( ) C	ertificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1200 SOUT PLANTATIO			rpose of	changing its	s registered offic	e or registered agent, or both,
SIGNATUR	!E:					
Electronic Signature of Registered Agent						Date
Election Cam	paign Financing 1	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCEO () D MILNE, PHILIP W 1550 UTICA AVE ST LOUIS PARK,	S.	1	Fitle: Name: Address: City-St-Zip:	( ) Ch	nange ( ) Addition
Title: Name: Address: City-St-Zip:	AS () D HAIDER, THOMAS 1550 UTICA AVE ST LOUIS PARK,	S.	1 4	Fitle: Name: Address: City-St-Zip:	( ) Ch	nange ( ) Addition
Title: Name: Address: City-St-Zip:	VAT () D INGERSOLL, ELL 1850 N CENTRAL PHOENIX, AZ 85	.EN . AVENUE	1	Fitle: Name: Address: City-St-Zip:	VP (X) CH BENSON, JEAN 1550 UTICA AVE. S MINNEAPOLIS, MIN	
Title: Name: Address: City-St-Zip:	VPI () D PUTNEY, WILIAM 1550 UTICA AVE ST LOUIS PARK,	IJ S.	1 4	Fitle: Name: Address: City-St-Zip:	( ) Ch	nange ( ) Addition
Title: Name: Address: City-St-Zip:	AS () D KOTEK, CAROL VIAD TOWER PHOENIX, AZ 85	oelete	1	Fitle: Name: Address: City-St-Zip:	D (X) CH DUTRA, MARY 1550 UTICA AVE. S MINNEAPOLIS, MN	
Title: Name: Address: City-St-Zip:	AS () D SIMMONS, LAYNI 1850 N. CENTRAI PHOENIX, AZ 85	L AVE.	1	Fitle: Name: Address: City-St-Zip:	S (X) Ch JOHNSON, TERES 1550 UTICA AVE. S MINNEAPOLIS, MIN	S.

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: JEAN BENSON VP 02/02/2005