

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P27046** (2)

1. Corporation Name
EDISON PAYMASTER, INC.

Principal Place of Business:

501 N. BROADWAY
ST. LOUIS MO 63102
US

Mailing Address:

P.O. BOX 14445 N/A
ST. LOUIS MO 63178
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/27/1989**
3a. Date of Last Report: **04/27/1994**

4. FEI Number: **43-1522965**
Applied For: 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 has liability for intangible tax under 5, 1991 (1)?
Florida Statutes: Yes No

2. Principal Place of Business:	2a. Mailing Address:
21. State: MO	26. State: MO
22. City: St. Louis	27. City: St. Louis
23. Zip: 63102	28. Zip: 63178
24. Country: US	29. Country: US
30. Country: US	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
STE - 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 609.01 and 609.02, 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 obligation of, sections 609.01 and 609.02, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME: PD NEWMAN, ANDREW E.	STREET ADDRESS: #5 DROMARA ROAD ST. LOUIS MO	1. NAME: ALAN MILLER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TD WEEKS, LEE G.	STREET ADDRESS: 2263 DERBY WAY ST. LOUIS MO	2. NAME: DAVID COOPER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: S SACHS, ALAN A.	STREET ADDRESS: 7422 WELLINGTON WAY CLAYTON MO	3. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: V MCCAIN, THOMAS	STREET ADDRESS: 12707 CORUM WAY DRIVE ST LOUIS MO	4. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: D SNEIDER, MARTIN K.	STREET ADDRESS: 6420 ELLENWOOD AVE. CLAYTON MO	5. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stipulated in Section 199.02 (9)(b), Florida Statutes. I further certify that the information was obtained in the manner required by supplemental provision 199.02 (9)(b) and that my signature and that my signature shall have the same legal effect as if made in person. That I am an officer or director of the corporation and that I am responsible for the accuracy of the report as required by Chapter 609, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report. A statement may be found in an address.

SIGNATURE: *Thomas McCain*
SIGNATURE AND TITLE OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR
THOMAS MCCAIN

VP
4/21/95 SN 931.7528