

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

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**May 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P27046 (2)

1. Corporation Name
EDISON PAYMASTER, INC.



Principal Place of Business 601 N. BROADWAY ST. LOUIS MO 63102 US	Mailing Address P.O. BOX 14445 N/A ST. LOUIS MO 63178-4445 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 11/27/1989	3a. Date of Last Report 04/26/1996
4. FEI Number 43-1522965	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, ALAN	
STREET ADDRESS	501 N BROADWAY	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COOPER, DAVID	
STREET ADDRESS	501 N BROADWAY	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SACHS, ALAN A.	
STREET ADDRESS	7422 WELLINGTON WAY	
CITY-ST-ZIP	CLAYTON MO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCCAIN, THOMAS	
STREET ADDRESS	12707 CORUM WAY DRIVE	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SNEIDER, MARTIN K.	
STREET ADDRESS	6420 ELLENWOOD AVE.	
CITY-ST-ZIP	CLAYTON MO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KARL MIKHUSEK	
5.3 STREET ADDRESS	501 N. BROADWAY	
5.4 CITY-ST-ZIP	St. Louis, Mo 63102	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE: *Thomas McCain* *Karl Mikusek* *4/5/97 214 331 7528*

CR2E034 (9/96)