

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

FILED
May 04 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 # 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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/27/1989

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 43-1522965	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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
			FL	

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 of 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	PD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, ALAN	
STREET ADDRESS	501 N BROADWAY	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	TD	<input checked="" 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	VD	<input checked="" type="checkbox"/> DELETE
NAME	MICHNER, KARL	
STREET ADDRESS	501 D BROADWAY	
CITY-ST-ZIP	ST LOUIS MO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE	Pres/DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LAWRENCE HANIG	
1.3 STREET ADDRESS	501 N BROADWAY	
1.4 CITY-ST-ZIP	ST. LOUIS, MO 63102	
2.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JACK BURTELOW	
2.3 STREET ADDRESS	501 N BROADWAY	
2.4 CITY-ST-ZIP	ST. LOUIS, MO 63102	
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	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAVE BROWN	
5.3 STREET ADDRESS	5050 WILSON DRIVE 2ND	
5.4 CITY-ST-ZIP	PHOENIX, AZ 85018	
6.1 TITLE	DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JACK DUFF	
6.3 STREET ADDRESS	11 KENNEDY BLVD SUITE 1100	
6.4 CITY-ST-ZIP	NEW YORK NY 10020	

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 _____ DATE **4/2/98** 314 331-7526

CR2E034 (10/97)