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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	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	PD MILLER, ALAN 501 N BROADWAY ST. LOUIS MO	1.1 TITLE	Pres/DIR
NAME		1.2 NAME	LAURENCE HANIG
STREET ADDRESS		1.3 STREET ADDRESS	501 N BROADWAY
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ST LOUIS, MO 63102
TITLE	TD COOPER, DAVID 501 N BROADWAY ST. LOUIS MO	2.1 TITLE	CEO
NAME		2.2 NAME	JACK BURTELOW
STREET ADDRESS		2.3 STREET ADDRESS	501 N BROADWAY
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ST LOUIS, MO 63102
TITLE	S SACHS, ALAN A. 7422 WELLINGTON WAY CLAYTON MO	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V MCCAIN, THOMAS 12707 CORUM WAY DRIVE ST LOUIS MO	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD MICHNER, KARL 501 D BROADWAY ST LOUIS MO	5.1 TITLE	DIR
NAME		5.2 NAME	DAVE BROWN
STREET ADDRESS		5.3 STREET ADDRESS	5050 40th Ave Suite 200
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PHOENIX, AZ 85018
TITLE		6.1 TITLE	DIR
NAME		6.2 NAME	JACK DUFF
STREET ADDRESS		6.3 STREET ADDRESS	11 KENNEDY BLVD SUITE 1400
CITY-ST-ZIP		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

Sharon M. S. R.

VP 4/13/98

31V 331-7526

CR2E034 (10/97)