

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90285 018 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P27046

1. Corporation Name
EDISON PAYMASTER, INC.



DO NOT WRITE IN THIS SPACE

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**

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

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 owes the current year intangible Personal Property Tax. Yes 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 **FL** 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	HONIG, LAWRENCE	<input type="checkbox"/> DELETE	
STREET ADDRESS	501 N BROADWAY	1.3 STREET ADDRESS	
CITY-STATE-ZIP	ST. LOUIS MO 63102	1.4 CITY-STATE-ZIP	
CFO	BURTELOW, JACK	<input type="checkbox"/> DELETE	
STREET ADDRESS	501 N BROADWAY	2.1 TITLE	
CITY-STATE-ZIP	ST. LOUIS MO 63102	2.2 NAME	
S	SACHS, ALAN A.	<input type="checkbox"/> DELETE	
STREET ADDRESS	7422 WELLINGTON WAY	2.3 STREET ADDRESS	
CITY-STATE-ZIP	CLAYTON MO	2.4 CITY-STATE-ZIP	
V	MCCAIN, THOMAS	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS	12707 CORUM WAY DRIVE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-STATE-ZIP	ST LOUIS MO	4.2 NAME	CONTRACOR
D	BROWN, BART	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS	5050 40TH AVE SUITE 200	4.3 STREET ADDRESS	ABRAMS, JUDITH M.
CITY-STATE-ZIP	PHOENIX AZ 85018	4.4 CITY-STATE-ZIP	501 N. BROADWAY
D	DOFT, JACOB	<input type="checkbox"/> DELETE	
STREET ADDRESS	#1 ROCKEFELLER PLAZA SUITE 1401	5.1 TITLE	ST. LOUIS MO. 63102
CITY-STATE-ZIP	NEW YORK NY 10020	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-STATE-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-STATE-ZIP	

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 change 1, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judith M. Abrams Date: 4/26/99 Daytime Phone #: 314-331-7528

CR2E034 (1/98)