

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041098

1. Entity Name
NET 1 UEPS TECHNOLOGIES, INC.

FILED

00 SEP 26 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O ATLAS PEARLMAN TROP & BORKSON PA
200 EAST LAS OLAS BLVD SUITE 1900
FORT LAUDERDALE FL 33301

Mailing Address
C/O ATLAS PEARLMAN TROP & BORKSON PA
200 EAST LAS OLAS BLVD SUITE 1900
FORT LAUDERDALE FL 33301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		NOT APPLICABLE		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SCHNEIDER, JAMES M ESO C/O ATLAS PEARLMAN TROP & BORKSON PA 200 EAST LAS OLAS BLVD SUITE 1900 FORT LAUDERDALE FL 33301				Name: Schneider, James M., Esq Street Address (P.O. Box Number is Not Acceptable): c/o Atlas Pearlman, P.A. Suite 1700, 350 East Las Olas Blvd. City: Fort Lauderdale FL Zip Code: 33301			

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME D GUERARD, CLAUDE STREET ADDRESS 92447 ISSY LES MOULWEAUZ CITY-ST-ZIP CEDEX, FRANCE	<input type="checkbox"/> Delete	TITLE NAME D GUERARD, CLAUDE STREET ADDRESS 20 AVENUE POZZO DI BORGIO CITY-ST-ZIP 92210 SAINT-CLOUD FRANCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D BELAMANT, SERGE STREET ADDRESS 4TH FLOOR NORTH WING, PRESIDENT PLACE CITY-ST-ZIP ROSEBANK, JOHANNESBURG	<input type="checkbox"/> Delete	TITLE NAME C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME T/S Anthony, David STREET ADDRESS 700 W. Pender Street, Suite 507 CITY-ST-ZIP Vancouver, British Columbia Canada V6C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. GUERARD *[Signature]* Date: 8/21/2000 Daytime Phone: (33) 607 502928 (33) 146026140

CR2E034 (5/00)