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Jun 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S97418** **(5)**

1. Corporation Name
ELECTRONIC PROCESSING, INC.

Principal Place of Business	Mailing Address
6408 WEST LINEBAUGH AVENUE SUITE 108 TAMPA FL 33625-4909	6408 WEST LINEBAUGH AVENUE SUITE 108 TAMPA FL 33625-4909

3. Date Incorporated or Qualified: 12/01/1991
3a. Date of Last Report: 07/26/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-3097436 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PHILLIPS, GEORGE W., ESQ.
14502 N. DALE MABRY
STE 200
TAMPA FL 33618

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MILLER, HAROLD. H.		1.2 NAME		
STREET ADDRESS	5708 PINEY LANE DR.		1.3 STREET ADDRESS	8787 Complex Drive	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	San Diego, CA 92123	
TITLE	VP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	REPH, GLENN A		2.2 NAME		
STREET ADDRESS	9089 CLAIREMONT MESA BLVD		2.3 STREET ADDRESS	8787 Complex Drive	
CITY-ST-ZIP	SAN DIEGO CA 92123		2.4 CITY-ST-ZIP	San Diego, CA 92123	
TITLE	VP	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	BIRGE, H JACK		3.2 NAME		
STREET ADDRESS	6408 W LINBAUGH AVE #108		3.3 STREET ADDRESS	8787 Complex Drive	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	San Diego, CA 92123	
TITLE	VP	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	LEIBOWITZ, MARK S		4.2 NAME		
STREET ADDRESS	9089 CLAIREMONT MESA BLVD		4.3 STREET ADDRESS	8787 Complex Drive	
CITY-ST-ZIP	SAN DIEGO CA 92123		4.4 CITY-ST-ZIP	San Diego, CA 92123	
TITLE		☐ DELETE	5.1 TITLE	CFO	☐ Change ☒ Addition
NAME			5.2 NAME	Marie Dyer	
STREET ADDRESS			5.3 STREET ADDRESS	8787 Complex Drive	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	San Diego, CA 92123	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [illegible] 5/1/97