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FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000003467 (5)

1. Corporation Name

MONEYGRAM PAYMENT SYSTEMS, INC.

Principal Place of Business

PARK 80 WEST PLAZA I
SADDLE BROOK NJ 07663
US

Mailing Address

PARK 80 WEST PLAZA I
SADDLE BROOK NJ 07663
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1996

4. FEI Number

84-1327808

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

CEO
NAME CALVANO, JAMES F
STREET ADDRESS PARK 80 W PLAZA I
CITY-ST-ZIP SADDLE BROOK NJ

DELETE

TITLE

80
NAME KENYON, ANDRES M
STREET ADDRESS PARK 80 W PLAZA I
CITY-ST-ZIP SADDLE BROOK NJ

DELETE

TITLE

VCFO
NAME FOWLER, JOHN M
STREET ADDRESS PARK 80 W PLAZA I
CITY-ST-ZIP SADDLE BROOK NJ

DELETE

TITLE

VD
NAME AYERS, ROBBIN L
STREET ADDRESS PARK 80 W PLAZA I
CITY-ST-ZIP SADDLE BROOK NJ

DELETE

TITLE

V
NAME FRIEDMAN, ALAN H
STREET ADDRESS PARK 80 W PLAZA I
CITY-ST-ZIP SADDLE BROOK NJ

DELETE

TITLE

VT
NAME KUHNEMUND, ROBERT
STREET ADDRESS 7401 W MANSFIELD AVE
CITY-ST-ZIP LAKEWOOD CO

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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

Robert Kuhnemund, Alan H Friedman, John M Fowler, Robbin L Ayers 4/30/98

CR2E034 (10/97)