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PROFIT CORPORATION ANNUAL REPORT

**1999**

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

DOCUMENT # **P26223**

1. Corporation Name

**WESTERN UNION FINANCIAL SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 6200 S QUEBEC ST<br>ATTN: TAX DEPT<br>ENGLEWOOD CO 80111<br>US | 6200 S QUEBEC ST<br>ATTN: TAX DEPT<br>ENGLEWOOD CO 80111<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/28/1989

4. FEI Number: 22-2993574 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 Country 25 | Zip 29 Country 30 |

**9. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY
1201 HAYS ST
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 _____ 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 | GEORGE D MCNARY | | 1.2 NAME | | |
| STREET ADDRESS | 2534 E PENHURST PLACE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HIGHLANDS RANCH CO | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCNARY, GEORGE D. | | 2.2 NAME | | |
| STREET ADDRESS | 2535 E. PENHURST PLACE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HIGHLANDS RANCH CO | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 3.1 TITLE | Assistant Secretary | ☐ Change ☒ Addition |
| NAME | LAWRENCE S. FOGELSON | | 3.2 NAME | Phyllis Skene-Stimac | |
| STREET ADDRESS | 300 E 74TH STREET, APT 23A | | 3.3 STREET ADDRESS | 6200 S. Quebec ST. | |
| CITY-ST-ZIP | NEW YORK NY | | 3.4 CITY-ST-ZIP | Englewood, CO. 80111 | |
| TITLE | AS | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | COYLE, ADAM | | 4.2 NAME | | |
| STREET ADDRESS | 7406 S. JACKSON CT. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LITTLETON CO | | 4.4 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FUHRMAN, EDWARD | | 5.2 NAME | | |
| STREET ADDRESS | 186 OVERBROOK DR. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | STAMFORD CT | | 5.4 CITY-ST-ZIP | | |
| TITLE | AT | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | R BRUCE AVERY | | 6.2 NAME | | |
| STREET ADDRESS | 10 FOREST HILL ROAD | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST NORWALK CT | | 6.4 CITY-ST-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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Phyllis Irene Stimac 4/28/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)