

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 22 1996 8:00 am**  
Secretary of State

**DOCUMENT # 636101 (8)**

1. Corporation Name

**GENERAL INSTRUMENT REMITTANCE PRODUCTS, INC.**

Principal Place of Business

ARBOR CIRCLE SOUTH  
8 CAMPUS DRIVE  
PARSIPPARY NJ 07054-0417

Mailing Address

ARBOR CIRCLE SOUTH  
8 CAMPUS DRIVE  
PARSIPPARY NJ 07054-0417



2. Principal Place of Business  
21 **8770 W. BRYN MAWR AVE**  
Suite, Apt. #, etc.  
22 **SUITE 1300**  
City & State  
23 **CHICAGO, IL**  
Zip  
24 **60631** Country  
25  
2a. Mailing Address  
26 **8770 W. BRYN MAWR AVE**  
Suite, Apt. #, etc.  
27 **SUITE 1300**  
City & State  
28 **CHICAGO, IL**  
Zip  
29 **60631** Country  
30

3. Date Incorporated or Qualified  
**09/13/1979**  
3a. Date of Last Report  
**04/12/1995**  
4. FEI Number  
**59-1965370**  
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

**CT CORPORATION SYSTEM  
1200 S. 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 date of filing)

(Printed Name of Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	FRIEDLAND, RICHARD S.	181 W. MADISON ST	CHICAGO IL	<input type="checkbox"/>
VSD	SUMIT, THOMAS A	181 W. MADISON ST.	CHICAGO IL	<input type="checkbox"/>
VTD	SMITH, RICHARD C	181 W. MADISON ST	CHICAGO IL	<input type="checkbox"/>
S	NORRIS, PETER	181 W. MADISON ST	CHICAGO IL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		8770 W. BRYN MAWR AVE - SUITE 1300	CHICAGO, IL 60631	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
	DUMIT, THOMAS A.	8770 W. BRYN MAWR AVE - SUITE 1300	CHICAGO, IL 60631	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
		8770 W. BRYN MAWR AVE - SUITE 1300	CHICAGO, IL 60631	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
	<del>SUSAN M. MEYER</del>	<del>8770 W. BRYN MAWR AVE - SUITE 1300</del>	<del>CHICAGO, IL 60631</del>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/96**  
Date

**(36) 695-1000**  
Daytime Phone #

CR2E034 (12/95)