

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 817351

1. Entity Name

WESTERN UNION INTERNATIONAL INC DBA *WORLD COM INTERNATIONAL DATA SERVICES, INC*

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90064 019 ***150.00

Principal Place of Business

Mailing Address

~~2 INTERNATIONAL DRIVE~~
~~RYE BROOK NY 10570~~ *STET*
~~US~~

1133 19TH ST NW
ATTN: INCOME TAX DEPT.
WASHINGTON DC 20036-3604

2. Principal Place of Business

3. Mailing Address

~~500 Clinton Center Dr.~~

Suite, Apt. ~~Clinton, MS 39056~~

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

US

Zip

Country

4. FEI Number

13-1989550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PD
STREET ADDRESS BLUMENFELD, SETH
CITY-ST-ZIP 2 INTERNATIONAL DRIVE
RYE BROOK NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME VD
STREET ADDRESS CODACOV, LAWRENCE
CITY-ST-ZIP 2 INTERNATIONAL DR
RYE BROOK NY

TITLE ☐ Change ☒ Addition
NAME *T*
STREET ADDRESS SCOTT SULLIVAN
CITY-ST-ZIP 500 Clinton Center Dr.
Clinton, MS 39056

TITLE ☐ Delete
NAME S
STREET ADDRESS SALSBU, MICHAEL
CITY-ST-ZIP 1801 PA AVE NW
WASHINGTON DC

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VPGC
STREET ADDRESS NAGEL, WALTER
CITY-ST-ZIP 1133 19TH ST NW
WASHINGTON DC 20036

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *D*
STREET ADDRESS BERNARD EBBERS
CITY-ST-ZIP 500 Clinton Center Dr.
Clinton, MS 39056

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter Nagel

4/24/00

Date

202-736-6000

Daytime Phone #

CR2E034 (9/99)