2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 843274

1. Entity Name IPS CARD SOLUTIONS, INC. Mailing Address Principal Place of Business 5660 NEW NORTHSIDE DR. 5660 NEW NORTHSIDE DR.

Apr 19, 2000 8:00 am Secretary of State 04-19-2000 90087 029 ***150.00

| 1400 Atlanta ga 30 Us | 1328 | | 1400 Atlanta ga 30328-5825 US | | | | | :1 4 1 11 1 4 15 16 16 16 16 16 16 16 | | 1 81 3 12 818 11 82 0 1 | YI 0 14f} 100} | |
|---|--------------------------------|--|-------------------------------------|--|----------------------|--------------|---|---|----------------|--|-----------------------------|--|
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. | #, etc. | , | Suite, Apt. #, etc. | | | | | DO NOT WR | ITE IN THIS | SPACE | | |
| City & State | 9 | <u> </u> | City & State | | | 4. | FEI Number | 75-130091 | 3 | ⊢ - | oplied For ot Applicable | |
| Zip | | Country | Zip | Zip Country | | 5. | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. | Name and Ad | idress of New | Registered | Agent | | |
| | | | | | | Name | | | | | | |
| CORPORATION SERVICE COMPANY | | | | | | | | | | | | |
| | | | Street Address | | | ess (P.O. I | (P.O. Box Number is Not Acceptable) | | | | | |
| | HAYS STR | | | | | | | | | | | |
| IALL | ahassee i | FL 32301 | | | | | | | | | l | |
| | | | | | City | | | | FL | Zip Cod | le | |
| 8. The above | named entity | y submits this statement fo | r the purpose of changing its | register | ed office or reg | gistered a | gent, or both, i | in the State of F | lorida. | | | |
| | | | | | | | | | | | | |
| SIGNATURE _ | Signature, typed | or printed name of registered agent a | and title if applicable. (NOT | E: Registere | d Agent signature re | equired when | reinstating) | <u> </u> | DATE | | | |
| 2 This serve | ration is alia | ible to estisty its Intensible | FILE NOW | III EEE | IS \$150.00 | " | | | | | | |
| | _ | ible to satisfy its Intangible and elects to do so. | 1 | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta | | | 1 | on Campaign F | | | 00 May Be | |
| • | ia on back) | | | | | | Trust | Fund Contribution | on. L | ⊒ Added | d to Fees | |
| · · · · · · · · · · · · · · · · · · · | | OFFICERS AND | | | | | DDITIONS/CE | HANGES TO OF | FICERS AND | DIRECTOR | S IN 11 | |
| 11. | OFFICERS AND DIRECTORS 12. VP | | | | | | | | | ☐ Change | Addition | |
| TITLE | BOLIN, JA | MEC W | Delete Delete | TITLE | | SKK | EATTAC | HED LIST | T | onlingo | | |
| NAME OTDEET ADDRESS | | | | | EET ADDRESS | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | TLE POINT DR | | CITY- | | | | - | | | 1 | |
| CITT-ST-ZIF | PLANO TO | | | -1 | | | | | | C 01- | | |
| TITLE | | | ☐ Delete | TITLI | | | | | | ☐ Change | ☐ Addition | |
| NAME | | | | NAM | i | | | | | | | |
| STREET ADDRESS | | | | | ET ADDRESS | | | | | | { | |
| CITY-ST-ZIP | | | | CITY | -ST-ZIP | | | | | | | |
| TITLE | | | ☐ Delete | TITL | E | | | | - * | ☐ Change | ☐ Addition | |
| NAME | | | | NAM | | | | | | | } | |
| STREET ADDRESS | | | | | EET ADDRESS | | | | | | İ | |
| CITY-ST-ZIP | | | | CITY | -ST-ZIP | | | | | | | |
| TITLE | | | ☐ Delete | TITL | E | | | | | Change | ☐ Addition | |
| NAME | | | | NAM | 1 | | | | | | | |
| STREET ADDRESS | | | | STRE | EET ADDRESS | | | | | | | |
| CITY-\$T-ZIP | | | | CITY | -ST-ZIP | | | | | | | |
| TITLE | | | ☐ Delete | TITL | E | | | | | Change | ☐ Addition | |
| NAME | | | | NAM | IE | | | | | | | |
| STREET ADDRESS | | | | STRE | EET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | CITY | '-ST-ZIP | | | | | | | |
| TITLE | | ····· | ☐ Delete | TITL | E | | | 2117 | | ☐ Change | Addition | |
| NAME | l | | | NAM | | | | | | | } | |
| STREET ADDRESS | | | | STRE | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | CITY | - ST-ZIP | | | | | | 1 | |
| 13. I hereby o | certify that th | e information supplied with | this filing does not qualify fo | or the exe | mption stated | in Section | n 119.07(3)(i), l | Florida Statutes | . I further ce | rtify that the i | information | |

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and changed, or on an attachment with an address, with all other like empowered. that my name appears in Block 11 or Block 12 if

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY DEN BOWSKI

#843274 717874

Directors, Officers Report

IPS Card Solutions, Inc.

Wednesday, September 01, 1999

DIRECTORS

G. Douglas McNary

Director

Primary Address:

6200 South Quebec Street Englewood, CO 80111 2535 E. Penhurst Place

Home Address:

Highlands Ranch, CO 80126

Kimberly S. Patmore

Director

Primary Address:

6200 South Quebec Street-Englewood, CO 80111

Home Address:

5083 East Otero Circle Littleton, CO 80122

OFFICERS

Adam P. Coyle

Assistant Secretary

Primary Address:

6200 South Quebec Street

Home Address:

Englewood, CO 80111 7406 S. Jackson Court

Littleton, CO 80122

G. Douglas McNary

Secretary

Primary Address:

6200 South Quebec Street Englewood, CO 80111 2535 E. Penhurst Place

Home Address:

Highlands Ranch, CO 80126

Kimberly S. Patmore

Treasurer

Primary Address:

6200 South Quebec Street Englewood, CO 80111

Home Address:

5083 East Otero Circle Littleton, CO 80122

Stephen T. Selzer

President

Primary Address:

6100 Western Place Fort Worth, TX 76107 801 Brazos Drive

Home Address:

801 Brazos Drive Southlake, TX 76092

Phyllis Skene-Stimac

Assistant Secretary

Primary Address:

6200 South Quebec Street Englewood, CO 80111

Home Address:

8079 Clay Street

Westminster, CO 80030

843274 717874

Power of Attorney

The undersigned, acting in his capacity as President of IPS Card Solutions, Inc. (the "Company"), hereby appoints each of Bernard Rothman, Jerry P. Dembowski and Gary L. Schmidt signing singly, as the Company's true and lawful attorney-in-fact to:

- (1) execute for and on behalf of the Company all applicable federal, state and local tax reporting documents in accordance with applicable laws;
- (2) perform other acts for and on behalf of the Company which may be necessary or desirable to complete and execute any such federal, state and local tax reporting documents; and
- (3) take any other action in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the best interest of, or legally required by, the Company, it being understood that the documents executed by such attorney-in-fact on behalf of the Company pursuant to this Power of Attorney shall be in such form and shall contain such terms and conditions as such attorney-in-fact may approve in such attorney-in-fact's discretion.

The undersigned hereby grants to the attorney-in-fact full power and authority to perform any of the rights and powers herein granted, and hereby ratifies and confirms all that the attorney-in-fact shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted. The undersigned acknowledges that the foregoing attorney-in-fact, in serving in such capacity at the request of the undersigned, is not assuming any of the Company's responsibilities to comply with state and federal tax laws.

This Power of Attorney shall remain in full force and effect until revoked by the undersigned in a signed writing delivered to the foregoing attorney-in-fact.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this first day of August, 1999.

IPS Card Solutions, Inc.

Stephen T. Selzer

President

G:\CORPSECY.GEN\POA\TAX.POA