

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC -9 PM 1:05

1. Name of Limited Partnership

1a. DOCUMENT #  
B96000000139

FIRST UNION REMITTANCE SERVICES, L.P.



Mailing Address

Principal Office Address

~~1339 CHESTNUT STREET  
PHILADELPHIA PA 19107~~

401 MARKET STREET  
P.O. BOX 7618  
PHILADELPHIA PA 19101-7618

3. Date Formed or Registered

04/24/1996

5a. Capital Contributions as Shown on record.

\$954,524.05

3a. Date of Last Report

03/02/1998

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

DE

2. Mailing Address

1339 Chestnut Street

2a. Principal Office Address

Suite, Apt. #, etc.

Legal Dept. PA4840

Suite, Apt. #, etc.

City & State

Philadelphia, PA

City & State

Zip

Country

19107

U.S.A.

Zip

Country

6. FEI Number

23-2796382

Applied For

Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

*Doreen B. Rozar*

Karen B. Rozar, Asst. Sec.

Corporation Service Company

DATE

12/4/98

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

QUESTPOINT, L.P.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

401 MARKET STREET

11b. City, State & Zip Code

PHILADELPHIA PA 19101

11c. Registration/ Document Number

B96000000138

700002703617--0

*JK 12/9/98*

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Joseph M. Loughery, III*

DATE

Joseph M. Loughery, III

QUESTPOINT L.P. BY QUESTPOINT GP, LLC

Daytime Telephone Number

815-993-1867

CR2E003 (8/98)



B96 000000139

ACCOUNT NO. : 072100000032  
REFERENCE : 052744 7170545  
AUTHORIZATION : Patricia Pizzuti  
COST LIMIT : \$ 526.25

FILED  
DIVISION OF CORPORATIONS  
98 DEC - 6 PM 1:05

ORDER DATE : December 4, 1998  
ORDER TIME : 12:31 PM  
ORDER NO. : 052744-010  
CUSTOMER NO: 7170545  
CUSTOMER: Ms. Jackie A. Ballantine  
First Union Corporation  
Legal Dept. Pa 4840  
1339 Chestnut Street  
Philadelphia, PA 19107

ANNUAL REPORT FILING

NAME: FIRST UNION REMITTANCE SERVICES, L.P.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janice Vanderslice

EXAMINER'S INITIALS:

*MP 12/4/98*

RECEIVED  
98 DEC - 4 PM 2:03  
DIVISION OF CORPORATIONS