

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**

03 JUN 12 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400021301164  
07/03/03--01044--030 \*\*1050.00

01-03 Rec *[Signature]*

|   |   |
|---|---|
| DOCUMENT # F00000004732<br>1. Entity Name<br>RAPIDMONEY CORPORATION |  |
|---|---|

**DO NOT WRITE IN THIS SPACE**

|  |   |  |  |
|--|---|--|--|
| 2. Principal Place of Business<br>816 CAMARON<br>Suite, Apt. #, etc.<br>SUITE 2.14<br>City & State<br>SAN ANTONIO<br>Zip<br>TX | 3. Mailing Address<br>SAME<br>Suite, Apt. #, etc.<br>City & State<br>City & State<br>Zip<br>Country | 4. FEI Number<br>52-2083596<br>Applied For<br>Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|--|---|--|--|

**DO NOT WRITE  
IN THIS SPACE**

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

|  |
|--|
| Name<br>CT CORPORATION SYSTEM  |
| Street Address (P.O. Box Number is Not Acceptable)<br>1200 SOUTH PINE ISLAND ROAD<br>City PLANTATION FL Zip Code 33324 |

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. I am familiar with, and accept the obligations of registered agent.

**PETER F. SOUZA**  
ASSISTANT SECRETARY

6/11/03

SIGNATURE

Signature of officer or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|   |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>PRESIDENT<br>GUY FELIZ ERB<br>816 CAMARON, SUITE 2.14, SAN ANTONIO, TX 78214                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>VICE PRESIDENT<br>RUSSELL DAVIS<br>816 CAMARON, SUITE 2.14, SAN ANTONIO, TX 78214               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>BOARD OF DIRECTORS<br>DAVID BECK<br>35950 GENESEE LAKE ROAD, Occomowoc, WI 53066                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>BOARD OF DIRECTORS<br>BRETT HORTON<br>531 46TH AVENUE, SAN FRANCISCO, CA 94121                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>BOARD OF DIRECTORS<br>BRUCE ROBERTS<br>9 PARK PLACE, Brewster, MA 01827                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>BOARD OF DIRECTORS<br>WILLARD S. RENSHAW<br>10497 TOWN COUNTRY WAY, SUITE 226 Houston, TX 77024 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

210-225-1300

CR2E034B (12/02)