FILED

Jul 14, 2003 8:00 am

Secretary of State

07-14-2003 90327 045 ***150.00

2003 FOR PROFIT CORPORATION

F00000005718

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

EDC PROCESSING SERVICES, INC.





Principal Place of Business Mailing Address 1036 TURNPIKE ST. STEC 1036 TURNPIKE ST. STEC CANTON MA 02021 CANTON MA 02021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 04-3286555 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEVENS, MARC Street Address (P.O. Box Number is Not Acceptable) 7030 PRADO LAKE DRIVE **DELRAY BEACH FL 33446** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE (S \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Addition TITLE ☐ Delete NAME STEVENS, JON A NAME STREET ADDRESS 10 SUMNER STREET STREET ADDRESS CITY-ST-ZIP CANTON MA 02021 CITY-ST-ZIP TITLE Delete TITLE Change Addition STEVENS, TODD E NAME STREET ADDRESS STREET ADDRESS 43 GREYSTONE WAY CITY-ST-ZIP NORTH EASTON MA 02356 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STEVENS, MARC -STREET ADDRESS 7080 PRADO LAKE DRIVE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33446 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE VERRICO, DANIEL NAME NAME STREET ADDRESS STREET ADDRESS 266 WILSON ST. CITY-ST-ZIP MARLBOROUGH MA CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

561-496-7774

CR2E034 (4/03)

AHachment#

CO-CARD SYSTEMS F00000057/8

1036 Turnpike Street (Rt. 138) • Suite C • Canton, MA 02021 (781) 828-2523 • FAX (781) 828-0449

July 10, 2003

Florida Secretary of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

RE: FEL# 04-3286555

Dear Sir or Madam:

Enclosed is our completed UBR along with our check in the amount of \$ 150.00. Please be advised that we did not receive any prior filing notification.

If possible, can you provide us with instructions on how to register on line so that we will receive notification in time to insure a proper timely filing for 2004? Our e-mail address is mstevens@cocard.net.

_Sincerely,

Marc Stevens

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