

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90723 016 \*\*\*550.00

NI 6/7/02

**DOCUMENT # F01000000450**  
 1. Entity Name  
**INTERPAYMENT SERVICES LTD, INC.**

Principal Place of Business      Mailing Address  
**SCOTIA PLAZA, 100 YONGE ST.**      **SCOTIA PLAZA, 100 YONGE ST.**  
**15TH FL.**      **15TH FL.**  
**TORONTO, ONTARIO M5C 2W1**      **TORONTO, ONTARIO M5C 2W1**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-3565265**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (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.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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**

|                |  |
|----------------|--|
| TITLE          | <b>D</b> <input checked="" type="checkbox"/> Delete  |
| NAME           | <b>HALLISEY, D. MICHAEL</b>                          |
| STREET ADDRESS | <b>THORPE WOOD PETERBOROUGH</b>                      |
| CITY-ST-ZIP    | <b>PE3 6SB ENGLAND</b>                               |
| TITLE          | <b>D</b> <input checked="" type="checkbox"/> Delete  |
| NAME           | <b>PAINTER, DAVID</b>                                |
| STREET ADDRESS | <b>THORPE WOOD PETERBOROUGH</b>                      |
| CITY-ST-ZIP    | <b>PE3 6SB ENGLAND</b>                               |
| TITLE          | <b>D</b> <input checked="" type="checkbox"/> Delete  |
| NAME           | <b>HEMPSEY, JOHN</b>                                 |
| STREET ADDRESS | <b>THORPE WOOD PETERBOROUGH</b>                      |
| CITY-ST-ZIP    | <b>PE3 6SB ENGLAND</b>                               |
| TITLE          | <b>SD</b> <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BRADLEY, SHIRLEY</b>                              |
| STREET ADDRESS | <b>THORPE WOOD PETERBOROUGH</b>                      |
| CITY-ST-ZIP    | <b>PE3 6SB ENGLAND</b>                               |
| TITLE          | <input type="checkbox"/> Delete                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS | <b>PLEASE SEE</b>   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS | <b>ATTACHED</b>   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **CLIVE KAHN** **05-17-02** **4-6-359-3700**  
 Date      Daytime Phone #

CR2E034 (9/01)

Attachment

# FU/000000 450

**INTERPAYMENT SERVICES LTD.  
SENIOR OFFICERS & DIRECTORS LIST**

| <u>Name</u>   | <u>Title</u> | <u>Home Address</u>                        | <u>Business Address</u>         | <u>Date Appointed</u> |
|---------------|--------------|--|---------------------------------|-----------------------|
| Lloyd Dorfman | Director     | 14 Cannon Place<br>London, England NW3 1EJ | 65 Kingsway<br>London, WC2B 6TD | 2001                  |
| Clive Kahn    | Secretary    | 10 Totnes Walk<br>London N2 0AD            | 65 Kingsway<br>London, WC2B 6TD | 2001                  |
| Nicholas Page | Director     | 7 Ravenslea Road<br>London SW12 8SA        | 65 Kingsway<br>London WC2B 6TD  | 2001                  |