

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000450

FILED
Jan 28, 2004
Secretary of State

Entity Name: INTERPAYMENT SERVICES LTD, INC.

Current Principal Place of Business:

SCOTIA PLAZA, 100 YONGE ST.
15TH FL
TORONTO, ONTARIO M5C 2W1, ON M5C 2W1 CA

New Principal Place of Business:

Current Mailing Address:

SCOTIA PLAZA, 100 YONGE ST.
15TH FL
TORONTO, ONTARIO M5C 2W1, ON M5C 2W1 CA

New Mailing Address:

FEI Number: 13-3565265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PAINTER, DAVID
Address: 65 KINGSWAY
City-St-Zip: LONDON, UK WC2B 6TD UK

Title: V () Delete
Name: ANKERS, MELANIE
Address: 65 KINGSWAY
City-St-Zip: LONDON, UK WC2B 6TD UK

Title: T () Delete
Name: NEILD, CHRISTOPHER
Address: 65 KINGSWAY
City-St-Zip: LONDON, UK WC2B 6TD UK

Title: S () Delete
Name: PIGNET, SYLVAIN
Address: 65 KINGSWAY
City-St-Zip: LONDON, UK WC2B 6TD UK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS NEILD

CFO

01/28/2004

Electronic Signature of Signing Officer or Director

Date