2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000000450

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

LONDON, EN WC2B 6TD

() Delete

Entity Name: INTERPAYMENT SERVICES LTD. INC.

FILED Apr 16, 2003 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:				
SCOTIA PLAZA, 100 YONGE ST.				SCOTIA PLAZA, 100 YONGE ST.				
15TH FL TORONTO, ONTARIO M5C 2W1,				15TH FL TORONTO, ONTARIO M5C 2W1, ON M5C 2W1 CA				
Current Mailing Address:				New Mailing Address:				
SCOTIA PLAZA, 100 YONGE ST.				SCOTIA PLAZA, 100 YONGE ST.				
15TH FL				15TH FL TORONTO, ONTARIO M5C 2W1, ON M5C 2W1 CA				
TORONTO, ONTARIO M5C 2W1,					•	,		
FEI Number	: 13-3565265	FEI Number Applied For ()	FEI Nur	nber Not App	licable ()	Certificate o	f Status Desire	d()
Name and	Address of C	Current Registered Agent:		Name and	Address	of New Registe	ered Agent:	
1200 SOU PLANTATI The above	PORATION SY TH PINE ISLA ION, FL 33324 named entity of Florida.	ND ROAD	purpose o	f changing i	ts registere	ed office or regis	stered agent,	or both,
SIGNATU	RE:							
Electronic Signature of Registered Agent				Date				
	mpaign Financin	g Trust Fund Contribution(). TORS:		ADDITION	IS/CHANG	ES TO OFFICE	ERS AND DIF	RECTOR
Title: Name: Address: City-St-Zip:	D () DORFMAN, LLI 65 KINGSWAY LONDON, EN '			Title: Name: Address: City-St-Zip:	P PAINTER, 65 KINGSV LONDON,			
Title: Name: Address: City-St-Zip:	S (KAHN, CLIVE 65 KINGSWAY LONDON, EN			Title: Name: Address: City-St-Zip:	V ANKERS, M 65 KINGSV LONDON, U			
Title: Name:	D () PAGE, NICHOL			Title: Name:	T NEILD, CH	(X) Change () A RISTOPHER	Addition	

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

LONDON, UK WC2B 6TD UK

LONDON, UK WC2B 6TD UK

PIGNET, SYLVAIN

65 KINGSWAY

() Change (X) Addition

SIGNATURE: SYLVAIN PIGNET S 04/16/2003