## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT (AR) DOCUMENT # F01000001091**

PULSE EFT ASSOCIATION INC.



**FILED** 

**Secretary of State** 03-02-2004 90023 025 \*\*\*150.00

Mar 02, 2004 8:00 am

i inicipai i iac	e or business	Maining Address							
PULSE EFT ASSOCIATION 600 TRAVIS SUITE 4600 HOUSTON TX 77002		PULSE EFT ASSOCIATION 600 TRAVIS SUITE 4600 HOUSTON TX 77002				( 1883/85) (IN 88(6) (KEN 831)) 2	<b>1</b> 111 <b>18</b> 114 <b>83</b> 14 <b>84</b>		*****
								1 1 1 1 1 1 1 1	
-	Place of Business	3. Mailing Address							
PULSE	EFT ASSOCIATION	PULSE EFT ASSOCIATION				i indiiaa iili bakal kali balii d		(3)	01006 11 1001
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				MOORE	CB2E03	4 (11/03)	
1301	MCKINNEY, STE. 2500	1301 MCKINNEY	ST	E. 250	0	MOONE	0.42200	(71.00)	
City & Stat		City & State	<del></del>	<del></del>		FEI Number		As	oplied For
HOUST	ON, TX 77010	HOUSTON, TX	7701	0		76-03565	34	l No	ot Applicable
Zip	Country	Zip	Coun	<del></del>	5.	Certificate of Status Desired	ı 🗆	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent			7.	Name and Address of New	Registered	· '	·
_		<u> </u>		Name	···			3	
СТ	CORPORATION SYSTEM		الوستان المواس	2 <b>3-3</b> 2-	-				. <u>.</u>
	۸D	Street Address (P			P.O. Box Number is Not Acceptable)				
1200.SOUTH PINE ISLAND ROAD PLANTATION FL 33324									
,	MAINON I E 33324			İ					
				City			F	L Zip Cod	е
8. The above	named entity submits this statement for	or the ourpose of changing its	registere	ed office or	renistered a	nent or both in the State of	Florida Lar	n familiar with	and accent
	tions of registered agent.	, the purpose of changing its	.og.a.c.	20 011100 07	rogiotoroa a	goni, or bonn, in the brate of	rionaa. rai	oracional with,	and accept
_									
SIGNATURE									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signatur	re required when	reinstating)	DATE		-
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00					9. Election Campaign Trust Fund Contribu			0 May Be
Make Checi	k Payable to Florida Department o	T State							
10.	OFFICERS AND	DIRECTORS	11.		Al	DDITIONS/CHANGES TO O	FFICERS AN	ID DIRECTOR	S IN 11
πιε	CD	☐ Delete	TITLE	: I	CD	1 ,	,	K Change	Addition
NAME	SPARATLIN, FRED		NAM	F		TLIN FRED		C change	
STREET ADDRESS	600 TRAVIS, SUITE 4600			ET ADDRESS			2500		
CITY-ST-ZIP	HOUSTON TX 77002			-ST-ZIP		MCKINNEY, STE.	2500		
					HUUST	TON, TX 77010			
IME	PCEO	☐ Delete	TITLE	ļ	PCEO			Change	Addition
NAME	PAUR, STAN		MAM	Ε	-	, PSTAN			
STREET ADDRESS	600 TRAVIS, SUITE 4600		STRE	ET ADDRESS	1301	MCKINNEY, STE.	2500		
CITY-ST-ZIP	HOUSTON TX 77002		CITY	-ST-ZIP	HOUST	ON, TX 77010			
TITLE	v	☐ Delete	TITLE	:	7.7			X) Change	Addition
NAME:	GARDSTEIN KAREN		NAM	E	·-· CADDO	STEIN, KAREN			
STREET ADDRESS	600 TRAVIS, SUITE 4600		STRE	ET ADDRESS			0.500		
CITY-ST-ZIP	HOUSTON TX 77002			-ST-ZIP	1301	MCKINNEY, STE.	2500		
	VS		_			ION, IX //UIU			
TITLE	l .	☐ Delete	TITLE	1	VS			Change	Addition
NAME	BALLARD, CINDY		NAM	1	BALLA	ARD, CINDY			
STREET ADDRESS	600 TRAVIS, SUITE 4600			ET ADDRESS	1301	MCKINNEY, STE.	2500		
CITY-ST-ZIP	HOUSTON TX 77002		CITY	-ST-ZIP		TON, TX 77010			
TITLE	TD	☐ Delete	TITLE	· 1	TD			X Change	Addition
NAME	SMITH, RANDY	Out	NAM	- 1		I, RANDY		an onlings	
STREET ADDRESS	600 TRAVIS, SUITE 4600	т.		ET ADDRESS			2500		
CITY-ST-ZIP	HOUSTON TX 77002			-ST-ZIP		MCKINNEY, STE.	2500		
					HOUST	ON, TX 77010			
TITLE	ĺ	· Delete	TITLE	:				Change	Addition
NAME			NAM	E		•			
STREET ADDRESS	i		CTD	TT ADDDCCC					

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.

CITY-ST-ZIP

SIGNAT	TURE:
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CHERUB TAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04

(832) 214-0100