

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90184 013 ***150.00

DOCUMENT # F01000001091

1. Entity Name
PULSE EFT ASSOCIATION INC.



Principal Place of Business
600 TRAVIS, SUITE 4600
HOUSTON TX 77002

Mailing Address
600 TRAVIS, SUITE 4600
HOUSTON TX 77002

2. Principal Place of Business
PULSE EFT ASSOCIATION
Suite, Apt. #, etc.
600 TRAVIS SUITE 4600

3. Mailing Address
PULSE EFT ASSOCIATION
Suite, Apt. #, etc.
600 TRAVIS SUITE 4600

City & State
HOUSTON TX

City & State
HOUSTON TX

Zip
77002

Country

Zip
77002

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **76-0356534**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **SPARATLIN, FRED**
STREET ADDRESS **600 TRAVIS, SUITE 4600**
CITY-ST-ZIP **HOUSTON TX 77002**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PCEO** ☐ Delete
NAME **PAUR, STAN**
STREET ADDRESS **600 TRAVIS, SUITE 4600**
CITY-ST-ZIP **HOUSTON TX 77002**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **GARDSTEIN, KAREN**
STREET ADDRESS **600 TRAVIS, SUITE 4600**
CITY-ST-ZIP **HOUSTON TX 77002**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VS** ☐ Delete
NAME **BALLARD, CINDY**
STREET ADDRESS **600 TRAVIS, SUITE 4600**
CITY-ST-ZIP **HOUSTON TX 77002**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **SMITH, RANDY**
STREET ADDRESS **600 TRAVIS, SUITE 4600**
CITY-ST-ZIP **HOUSTON TX 77002**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BATSELL, RANDY DR.**
STREET ADDRESS **3912 AMHERST**
CITY-ST-ZIP **HOUSTON TX 77005**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

02/06/03

(713) 223-1400

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (10/02)