

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90183 030 ***150.00

DOCUMENT # F01000003696

1. Entity Name
DB CASH SERVICES, INC.



Principal Place of Business
**ONE BISCAYNE TOWER
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131**

Mailing Address
**60 WALL STREET
~~MS NYC00-3102~~
NEW YORK NY 10005**

11010436



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MS NYC60-3012

City & State

City & State

4. FEI Number **52-2046842**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PGD~~
NAME ~~GERONIMO, JOSEPH J.~~
STREET ADDRESS ~~130 LIBERTY STREET, MAIL STOP NYC02-2003~~
CITY-ST-ZIP ~~NEW YORK NY 10006~~

☒ Delete

TITLE **PCD**
NAME **Kerr, Catherine J.**
STREET ADDRESS **60 Wall Street**
CITY-ST-ZIP **New York NY 10005**

☐ Change ☒ Addition

TITLE **VSTD**
NAME **HESTER, FOY B**
STREET ADDRESS **4 ALBANY STREET, MAIL STOP NYC05-0102**
CITY-ST-ZIP **NEW YORK NY 10006**

☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **60 Wall Street, mail Stop NYC60-3012**
CITY-ST-ZIP **10005**

TITLE **D**
NAME **DIGRAZIA, JOSEPH**
STREET ADDRESS **130 LIBERTY STREET, MAIL STOP NYC02-1104**
CITY-ST-ZIP **NEW YORK NY 10006**

☐ Delete

TITLE **M**
NAME
STREET ADDRESS **60 Wall Street, mail Stop NYC60-3108**
CITY-ST-ZIP **10005**

☒ Change ☐ Addition

TITLE **AS**
NAME **WEST, SANDRA**
STREET ADDRESS **130 LIBERTY STREET, MAIL STOP NYC02-3100**
CITY-ST-ZIP **NEW YORK NY 10006**

☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1301 Avenue of the Americas, mail Stop NYC09-0810**
CITY-ST-ZIP **10019**

TITLE ~~V~~
NAME ~~RIQUERO, ISI~~
STREET ADDRESS ~~2 SOUTH BISCAYNE BLVD., STE. 1820~~
CITY-ST-ZIP ~~MIAMI FL 33131~~

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V**
NAME **RIOS, LUZ**
STREET ADDRESS **2 SOUTH BISCAYNE BLVD., STE. 1820**
CITY-ST-ZIP **MIAMI FL 33131**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: **FOY B HESTER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11 Apr 03** (212) 602-1764
Daytime Phone #

CR2E034 (10/02)