

F010000004889

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

To:

Division of Corporations
Fax Number : (850) 617-6380

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From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
TRAVELEX GLOBAL BUSINESS PAYMENTS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	034
Estimated Charge	\$35.00

RA/Ropch
@ 11/10/11

COVER LETTER

**TO: Amendment Section
Division of Corporations**

SUBJECT: Traveler Global Business Payments, Inc.
Name of Corporation

DOCUMENT NUMBER: FOI000004889

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

jackie.hill@westernunion.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at ()

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)



November 8, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations
TRAVELEX GLOBAL BUSINESS PAYMENTS, INC.
1152 15TH ST NW 7TH FLOOR
WASHINGTON, DC 20005

SUBJECT: TRAVELEX GLOBAL BUSINESS PAYMENTS, INC.
REF: F01000004889

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You failed to list the principal and/or mailing address in part 2 and 3 of the form. The document must be completed in its entirety.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H11000265418
Letter Number: 511A00025298

RE-SUBMIT

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TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0302, 617.0502, 607.1508, or 617.1509, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Traveler Global Business Payments, Inc.
2. The principal office address: 12500 E. Belford Avenue, M21A2,
Englewood, Colorado 80112
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/17/2001 Document number: PD100004889
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

HIQ Corporate Services, Inc.

1574 Village Square BLVD., Suite 100,

Tallahassee, FL 32309

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

CT Corporation System

c/o CT Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Kristen Lichvarick
Signature of an officer or director

Kristen Lichvarick, Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By:

James Martin
Signature of Registered Agent

James Martin
Assistant Secretary

11/07/2011
Date

If signing on behalf of an entity:

CT Corporation
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR28045 (8/05)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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