2002 UNIFO	RM BUSINESS REP	ORT (UBR
DOCUMENT #	F01000006523	el e e

1. Entity Name

GENPASS ATM SOLUTIONS, INC.

Principal Place of Business

6th Floor

C T CORPORATION SYSTEM

PLANTATION FL 33324

(See criteria on back)

SIGNATURE

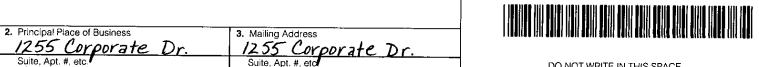
1200 SOUTH PINE ISLAND ROAD

Mailing Address

3988 N. CENTRAL EXPRESSWAY, 5TH FLOOR

3988 N. CENTRAL EXPRESSWAY, 5TH FLOOR

DALLAS TX 75204 DALLAS TX 75204



DO NOT WRITE IN THIS SPACE 6th Floor

City & State City & State 4. FEI Number Applied For Irvina 52-2286726 Irvina Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 75038 U.S A Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent Name

Street Address (P.O. Box Number is Not Acceptable)

City

(NOTE: Registered Agent signature required when reinstating)

Zin Code FL

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

Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE X Delete TITLE Addition Anderson, Douglas D. ANDERSON, DOUGLAS D NAME NAME 1255 Corporate Dr., 6th Floor STREET ADDRESS 3988 N. CENTRAL EXPRESSWAY, 5TH FLOOR STREET ADDRESS Irving, TX 15038 CITY-ST-ZIP DALLAS TX 75204 CITY-ST-7IP TITLE Delete TITI F ☐ Change ✓ Addition Fazzone, Carol S. NAME FAZZONE, CAROL S NAME 1255 Corporate Dr., 6th Floor STREET ADDRESS 3988 N. CENTRAL EXPRESSWAY, 5TH FLOOR STREET ADDRESS CITY-ST-ZIP DALLAS TX 75204 CITY-ST-ZIP Irving, TX 75038 TITLE ☐ Delete TITLE Change ☐ Addition NAME SHAH, BIPIN C NAME STREET ADDRESS 550 PINETOWN RD., SUITE 270 STREET ADDRESS CITY-ST-ZIP FORT WASHINGTON PA 19034 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME DILLETT, GREGORY C NAME 550 PINETOWN RD., SUITE 270 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT WASHINGTON PA 19034 CITY-ST-ZIE TITLE AS Delete TITI F Change **X** Addition Connor, Thomas G. NAME CONNER, THOMAS G NAME 1255 Corporate Dr., 6th Floor STREET ADDRESS 3988 N. CENTRAL EXPRESSWAY, 5TH FLOOR STREET ADDRESS CITY-ST-ZIP DALLAS TX 75204 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

arol S. Fazzone 4-972-677-5316 CR2E034 (9/01)