2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006523

Entity Name: GENPASS ATM SOLUTIONS, INC

FILED Apr 26, 2005 Secretary of State

Littly Na	IIIE. GENEAG	S ATM SOLUTIONS, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
1255 COR 6TH FLOC IRVING, T					
Current Mailing Address:			New Mailing Address:		
1255 COR 6TH FLOC IRVING, T					
FEI Number	: 52-2286726	FEI Number Applied For ()	FEI Number Not App	icable () Certificate of Status Desired (X)	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 33324	ND ROAD			
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or bot	
SIGNATUI	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	RAYMOND, WI	ATE DR , 6TH FLOOR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	FAZZONE, CAR	ATE DR 6TH FLOOR	Title: Name: Address: City-St-Zip:	V (X) Change () Addition FAZZONE, CAROL S 1255 CORPORATE DR, 6TH FLOOR IRVING, TX 75038	
Title: Name: Address: City-St-Zip:	SHAH, BIPIN C 550 PINETOW	Delete NRD., SUITE 270 GTON, PA 19034	Title: Name: Address: City-St-Zip:	C (X) Change () Addition SHAH, BIPIN C 550 PINETOWN RD, SUITE 270 FORT WASHINGTON, PA 19034	
Title: Name: Address: City-St-Zip:	DILLETT, GRE 550 PINETOW	Delete GORY C N RD., SUITE 270 GTON, PA 19034	Title: Name: Address: City-St-Zip:	D (X) Change () Addition DILLETT, GREGORY C 550 PINETOWN RD, SUITE 270 FORT WASHINGTON, PA 19034	
Title: Name: Address: City-St-Zip:	CONNER, THO	ATE DR. 6TH FLOOR	Title: Name: Address: City-St-Zip:	AS (X) Change () Addition CONNOR, THOMAS G JR. 1255 CORPORATE DR, 6TH FLOOR IRVING, TX 75038	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL S. FAZZONE V 04/26/2005