

2006 FOR PROFIT CORPORATION REINSTATEMENT

pay 10/11/06

FILED

2006 OCT 17 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
7945-100-180



10042006 REIN-P CR2E098 (11/05)

DOCUMENT # F03000004899					
1. Entity Name E-MONEY SYSTEMS, INC.					
Principal Place of Business 2448 EAST 81ST ST STE 3700 TULSA, OK 74137 US			Mailing Address 2448 EAST 81ST ST STE 3700 TULSA, OK 74137 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 73-1504622	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MARSHALL, ROGER P 2448 E 81ST ST STE 3700 TULSA, OK 74137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Greg Adelson - President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2448 E. 81st St., Ste 3700 Tulsa, OK 74137		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO NIGHTINGALE, DAVID 2448 E 81ST ST STE 3700 TULSA, OK 74137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Operating Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cyndie Marshall 2448 E. 81st St., Ste. 3700 Tulsa, OK 74137		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, GARY 1901 WEST 171ST ST. GLENPOOL, OK 74033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100080922971 10/17/06--01041--005 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GROSS, KAREN 2448 E 81ST ST STE 3700 TULSA, OK 74137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIN, CECIL 517 WEST H ST JENKS, OK 74037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, ALLEN 215 E KENOSHA BROKEN ARROW, OK 74012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>David Nightingale</u> DAVID NIGHTINGALE, CFO 10-4-06 918-477-3100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

10/23aw