2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# F04000006505

Entity Name: COINSTAR E-PAYMENT SERVICES INC.

Current Principal Place of Business:

1800 114TH AVE SE
BELLEVUE, WA 98004

New Principal Place of Business:

Current Mailing Address:

C/O TRACEY BROWN
1800 114TH AVE SE
BELLEVUE, WA 98004

New Mailing Address:

C/O DEBBIE BURNETT
1800 114TH AVE SE
BELLEVUE, WA 98004

FEI Number: 68-0594383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SKINNER, MICHAEL J
Address: 1800 114TH AVE SE
City-St-Zip: BELLEVUE, WA 98004

Title: VP ( ) Delete
Name: BAKER, ROBERT
Address: 1800 114TH AVE SE
City-St-Zip: BELLEVUE, WA 98004

Title: TS ( ) Delete
Name: AYERS, ROBBIN L
Address: 8400 E. PRENTICE AVE #1140
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: D ( ) Delete
Name: VERLEYE, STEPHEN J
Address: 1800 114TH AVE SE
City-St-Zip: BELLEVUE, WA 98004

Title: D ( ) Delete
Name: DAVAR, MOHIT
Address: 1800 114TH AVE SE
City-St-Zip: BELLEVUE, WA 98004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VERLEYE, STEPHEN J
Address: 1800 114TH AVE SE
City-St-Zip: BELLEVUE, WA 98004

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEPHEN J. VERLEYE PD 04/24/2008

Electronic Signature of Signing Officer or Director — Date