

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000006248

1. Entity Name
EURONET PAYMENTS & REMITTANCE, INC.



Principal Place of Business
**4424 TAGGART CREEK ROAD STE 101
CHARLOTTE, NC 28208**

Mailing Address
**4601 COLLEGE BLVD. STE 300
LEAWOOD, KS 66214**



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number
56-1241779

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1100000450749
03/10/06-80017-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	METTEMAYER, ERIC
STREET ADDRESS	4601 COLLEGE BLVD STE 300
CITY- ST- ZIP	LEAWOOD, KS 66211
TITLE	PS
NAME	BROWN, PATRICK
STREET ADDRESS	4424 TAGGART CREEK ROAD STE 101
CITY- ST- ZIP	CHARLOTTE, NC 28208
TITLE	VP
NAME	PUGH, JAMES JR
STREET ADDRESS	4424 TAGGART CREEK ROAD STE 101
CITY- ST- ZIP	CHARLOTTE, NC 28208
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-06

Date

913-327-4200

Daytime Phone #