FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 12:40

DOCUMENT # F92000000176 (9)

1. Corporation Name
BUDGET PAYMENT CORPORATION

Principal Place of Business	Mailing Address
187 EAST MARKET STREET SUITE 100 RHINEBECK NE 12572 US	POST OFFICE BOX 229 RHINEBECK NY 12572

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/28/1992
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 14-1443008 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	☐ Change ☐ Addition
NAME	WEST, GARDNER C	1.2 NAME	
STREET ADDRESS	49 RIVER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	RHINEBECK NY 12572	1.4 CITY-ST-ZIP	
TITLE	DPT	2.1 TITLE	☐ Change ☐ Addition
NAME	FREER, DAVID JR	2.2 NAME	
STREET ADDRESS	GREAT VIEW LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND-LLOYD NY 12528	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WEST, SOREN P	3.2 NAME	
STREET ADDRESS	19328 DUNBRIDGE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD 20879	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ARTER, EMILY	4.2 NAME	
STREET ADDRESS	11 HIGH RIDGE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	POUGHKEEPSIE NY 12603	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	WEST, LOUISE S	5.2 NAME	
STREET ADDRESS	49 RIVER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	RHINEBECK NY 12572	5.4 CITY-ST-ZIP	
TITLE	CEO	6.1 TITLE	☐ Change ☐ Addition
NAME	WEST, GARDNER C	6.2 NAME	
STREET ADDRESS	49 RIVER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	RHINEBECK NY 12572	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block ~~13~~ 11 if changed, or on an attachment with an address.

SIGNATURE: David Freer President & Treasurer Jan. 17, 1995 914-876-3041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
David Freer, Jr.

0484048 FN