

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:03

DOCUMENT # F93000004487 (5)

1. Corporation Name

PAYMENT & LOGISTICS SERVICES, INC.

Principal Place of Business

8100 MITCHELL RD., #200
EDEN PRAIRIE MN 55344

Mailing Address

8100 MITCHELL RD., #200
EDEN PRAIRIE MN 55344

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Chartered

09/30/1993

3a. Date of Last Report

05/24/1994

2. Principal Place of Business

21. ATTN: LEGAL DEPT.

2a. Mailing Address

26. ATTN: LEGAL DEPT.

4. FIC Number

41-1730466

Applied For

Not Applicable

22. Suite, Apt., etc.

STE

200

27. Suite, Apt., etc.

STE

200

5. Certificate of Status Expires

\$8.75 Additional
Fee Required

23. City & State

EDEN PRAIRIE, MN

28. City & State

EDEN PRAIRIE, MN

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24. Zip

55344

Country

U.S.A.

29. Zip

55344

Country

U.S.A.

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIES, BILL
REFLECTIONS II EXECUTIVE OFFICE CENTER
770 W. GRANADA BLVD., SUITE 252
ORMOND BEACH FL 32174

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 607.1503, 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

Signature of person named in registered agent and the registered agent

Signature of Registered Agent (corporation and other registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CV
NAME	MAJEJ, BERNARD
STREET ADDRESS	8100 MITCHELL RD., #200
CITY, ST, ZIP	EDEN PRAIRIE MN 55344
TITLE	SD
NAME	GLENSON, OWEN P.
STREET ADDRESS	8100 MITCHELL RD., #200
CITY, ST, ZIP	EDEN PRAIRIE MN
TITLE	DT
NAME	HANSON, DALE
STREET ADDRESS	8100 MITCHELL RD., #200
CITY, ST, ZIP	EDEN PRAIRIE MN 55344
TITLE	P
NAME	DAVIES, BILL
STREET ADDRESS	770 W. GRANADA BLVD., #252
CITY, ST, ZIP	ORMOND BEACH FL 32174
TITLE	AT
NAME	LYONS, DAVE
STREET ADDRESS	8100 MITCHELL RD., #200
CITY, ST, ZIP	EDEN PRAIRIE MN 55344

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	VD	☒ Change ☐ Addition
2. NAME	MAJEJ, BERNARD	
3. STREET ADDRESS	8100 MITCHELL ROAD, #200	
4. CITY, ST, ZIP	EDEN PRAIRIE, MN 55344	
5. TITLE		☒ Change ☐ Addition
6. NAME	GLEASON, OWEN P.	
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I, the undersigned, certify that the information contained with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.03(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and 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 on Block 12 or Block 13 if completed as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Owen P. Gleason, Secretary

2/02/95

(612) 937-7830