

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001966

1. Entity Name

WESTERN UNION COMMUNICATIONS, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91001 013 ***150.00

Principal Place of Business 6200 S. QUEBEC ST. 2508B ENGLEWOOD CO 80111 US	Mailing Address 6200 SOUTH QUEBEC ST. 2508B ENGLEWOOD CO 80111 US
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2. Principal Place of Business 6200 S. Quebec St.,	3. Mailing Address 6200 S. Quebec St.,
Suite, Apt. #, etc. Suite 210AS	Suite, Apt. #, etc. Suite 210AS

City & State Greenwood Village CO	City & State Greenwood Village CO
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Zip 80111-4729	Country	Zip 80111-4729	Country
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4. FEI Number 22-3268902	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YERINGTON, MICHAEL C 6200 S. QUEBEC ST ENGLEWOOD CO 80111 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH L. JACKSON 12500 BELFORD AVE ENGLEWOOD CO 80112 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATMORE, KIMBERLY S 5083 E OTERO CIR LITTLETON CO 80122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6200 S. Quebec St., Greenwood Village CO 80111-4729
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SKENE-STIMAC, PHYLLIS 6200 S QUEBEC ST STE 250 ENGLEWOOD CO 80111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6200 S. Quebec St., Suite 210AS Greenwood Village CO 80111-4729
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REESE, JON ONE MACK CENTRE DR PARAMUS NJ 07652 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S DAVID SHAPIRO 100 SUMMIT AVE MONTVALE NJ 07045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFV PATMERE, KIMBERLY 6200 S. QUEBEC ST. ENGLEWOOD CO 80111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6200 S. Quebec St., Greenwood Village CO 80111-4729
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phyllis Skene Stimac ASST. SECRETARY 04/25/01 303.967.7147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)