## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000001966

Entity Name: WESTERN UNION COMMUNICATIONS, INC.

FILED Mar 01, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
6200 S. QUEBEC ST. ENGLEWOOD, CO 801114729 US				6200 S. QUEBEC ST. GREENWOOD VILLAGE, CO 801114729 US		
Current Mailing Address:			New Maili	New Mailing Address:		
	IEBEC ST. DRY REPORTII DOD VILLAGE,					
FEI Number:	22-3268902	FEI Number Applied For ( )	I Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of	New Registered Agent:	
1201 HAYS TALLAHAS	SEE, FL 32301	US				
The above in the State		bmits this statement for the purpo	se of changing it	ts registered (	office or registered agent, or both,	
SIGNATUR	E:					
	Electronic	Signature of Registered Agent			Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name:	PD () C JACKSON, JOSE 12500 BELFORD ENGLEWOOD, C DEVP () C GOLD, CHRISTIN	AVE O 80112 elete	Title: Name: Address: City-St-Zip: Title: Name:	JACKSON, JO 12500 E. MT. ENGLEWOOD	BELFORD AVE D, CO 80112 K) Change()Addition	
Address: City-St-Zip:	6200 S. QUEBEC		Address: City-St-Zip:	6200 S. QUEB		
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	SKENE-STIMA 6200 S. QUEB	·	
Title: Name: Address: City-St-Zip:	S () E SHAPIRO, DAVID 100 SUMMIT AVE MONTVALE, NJ (		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	()[	elete	Title: Name: Address: City-St-Zip:	SCHEIRMAN,	BELFORD AVENUE	
Title: Name: Address: City-St-Zip:	()[	elete	Title: Name: Address: City-St-Zip:	SCHEIRMAN,	BELFORD AVENUE	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PHYLLIS SKENE-STIMAC AS 03/01/2005