

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90285 002 *1,200.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000002787**

1. Corporation Name
PAYWISE, INC.

Principal Place of Business
**100 REDWOOD SHORES PARKWAY
 REDWOOD CITY CA 94065**

Mailing Address
**100 REDWOOD SHORES PARKWAY
 REDWOOD CITY CA 94065**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1994

4. FEI Number

13-3692806

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POND-HEIDE, DEBORAH	
STREET ADDRESS	100 REDWOOD SHORES PARKWAY	
CITY-ST-ZIP	REDWOOD SHORES CA 94065	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CAVAGNOLO, ROSE	
STREET ADDRESS	310 MADISON AVENUE, SUITE 1925	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MASS, BARBARA	
STREET ADDRESS	310 MADISON AVENUE, SUITE 1925	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PENFIELD, DOREEN	
STREET ADDRESS	100 REDWOOD SHORES PARKWAY	
CITY-ST-ZIP	REDWOOD CITY CA 94065	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RICHMAN, MARK	
STREET ADDRESS	100 REDWOOD SHORES PARKWAY	
CITY-ST-ZIP	REDWOOD SHORES CA 94065	
TITLE	DCFO	<input type="checkbox"/> DELETE
NAME	EATON, MARK	
STREET ADDRESS	100 REDWOOD SHORES PARKWAY	
CITY-ST-ZIP	REDWOOD SHORES CA 94065	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1999 (650) 610-1565
 Date Daytime Phone #

CR2E034 (1/198)

CS00181