2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # F9400002787 Jun 06, 2000 8:00 am 1. Entity Name **Secretary of State** PAYWISE, INC. 06-06-2000 90482 020 ***550.00 Mailing Address Principal Place of Business 100 REDWOOD SHORES PARKWAY 100 REDWOOD SHORES PARKWAY **REDWOOD CITY CA 94065** REDWOOD CITY CA 94065-1155 3. Mailing Address 2. Principal Place of Business 175 Broad Hollow Rd 75 Broad Hollow Ro Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 13-3692806 Not Applicable Melville \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 11747 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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. HOT STATEL WIDE PORTOR FITTY : WAY SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) * . Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Addition ☐ Delete TITLE TITLE POND-HEIDE, DEBORAH NAME NAME 175 Brond Hollow Rd 100 REDWOOD SHORES PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **REDWOOD SHORES CA 94065** Melville NY 11747 Addition [] Change ☐ Delete TITLE CAVAGNOLO, ROSE NAME STREET ADDRESS 310 MADISON AVENUE, SUITE 1925 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10017 Change Addition ☐ Delete TITLE TITLE. MASS, BARBARA NAME NAME STREET ADDRESS 310 MADISON AVENUE, SUITE 1925 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10017 Secretary ☐ Change Addition 42 Delete TITLE TITLE Jyrl was hington PENFIELD, DOREEN NAME NAME 175 Brown Hollow Rd STREET ADDRESS 100 REDWOOD SHORES PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **REDWOOD CITY CA 94065** Melville NY 11747 **Change** ■ Addition TITLE ☐ Delete RICHMAN, MARK NAME 175 Broad Hollow Rd STREET ADDRESS 100 REDWOOD SHORES PARKWAY STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP **REDWOOD SHORES CA 94065** Melville NY 11747 Change Ch Addition **DCFO** ☐ Delete TITLE TITLE NAME EATON, MARK NAME 175 Broad Hollow Rd 100 REDWOOD SHORES PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **REDWOOD SHORES CA 94065** Meluille NY 11747 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 t with an address, with all other like empowered