2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 23 AM 8:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F94000002787

1. Entity Name
PAYWISE, INC.

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
175 BROAD HOLLOW RD MELVILLE, NY 11747	175 BROAD HOLLOW RD MELVILLE, NY 11747

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **13-3692806** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POND-HEIDE, DEBORAH 175 BROAD HOLLOW RD MELVILLE, NY 11747	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Julio Arrietta 175 Broad Hollow Rd Melville NY 11747	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CAVAGNOLO, ROSE 310 MADISON AVENUE, SUITE 1925 NEW YORK, NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MASS, BARBARA 310 MADISON AVENUE, SUITE 1925 NEW YORK, NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800021084648 06/23/03--01100--008 **550.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WASHINGTON, JYRL 175 BROAD HOLLOW RD MELVILLE, NY 11747	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GRIPPA, MAUREEN 175 BROAD HOLLOW ROAD MELVILLE, NY 11747	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vacant	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT SMALHEISER, HARVEY 175 BROAD HOLLOW RD MELVILLE, NY 11747	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Harvey Smalheiser 6/19/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 6/24