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RECEIVED May 01 1998 8:00am  
JAN 05 Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1998

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # F94000005148 (1)

1. Corporation Name

PAYPOINT ELECTRONIC PAYMENT SYSTEMS, INC.

ARC  
P & T PROPER...



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
221 S FIGUEROA STREET  
LOS ANGELES CA 90012  
US

Mailing Address  
ARCO PRODUCTS COMPANY TAX DEPT.  
PAC-1686/ P.O. BOX 512570  
LOS ANGELES CA 90051-0570  
US

2. Principal Place of Business

2a. Mailing Address

21 333 S. HOPE ST.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 LOS ANGELES, CA

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 90071

25

29

30

3. Date Incorporated or Qualified

10/04/1994

4. FEI Number

95-4497400

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 or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT 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	DV	<input checked="" type="checkbox"/> DELETE
NAME	CASEY, DANIEL F	
STREET ADDRESS	1055 W 7TH ST.	
CITY-ST-ZIP	LOS ANGELES CA 90017	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MINIHAN, STEPHEN T.	
STREET ADDRESS	221 S. FIGUEROA STREET	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	PETERSON, STACEY M.	
STREET ADDRESS	221 S. FIGUEROA STREET	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	DERNBACH, RICHARD L.	
STREET ADDRESS	1055 W 7TH ST.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, MARK J	
STREET ADDRESS	1055 W 7TH ST.	
CITY-ST-ZIP	LOS ANGELES CA 90017	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	KINGSBURY, KATHLEEN	
STREET ADDRESS	515 S FLOWER STREET	
CITY-ST-ZIP	LOS ANGELES CA	

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NOBLE, CHRIS M.	
1.3 STREET ADDRESS	333 S. HOPE ST.	
1.4 CITY-ST-ZIP	LOS ANGELES, CA 90071	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	333 S. HOPE ST.	
2.4 CITY-ST-ZIP	LOS ANGELES, CA 90071	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	333 S. HOPE ST.	
3.4 CITY-ST-ZIP	LOS ANGELES, CA 90071	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	333 S. HOPE ST.	
4.4 CITY-ST-ZIP	LOS ANGELES, CA 90071	
5.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	333 S. HOPE ST.	
5.4 CITY-ST-ZIP	LOS ANGELES, CA 90071	
6.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BARTOLETTI, BARBARA M.	
6.3 STREET ADDRESS	515 S. FLOWER ST.	
6.4 CITY-ST-ZIP	LOS ANGELES CA 90071	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *Barbara M. Bartoletti*

4/16/98 (213) 486-1443

CR2E034 (10/97)