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Mar 30, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F94000005148**1. Corporation Name

PAYPOINT ELECTRONIC PAYMENT SYSTEMS, INC.							
Principal Place	o of Business	Mailing Address			F INDESIDE SUID SOUR BOOK BOKE DOKE DOKE ON IL	I OBSET BION DELL	(\$6) (B)(108)
				т			
221 S FIGUEROA STREET ARCO PRODUCTS COMPANY%1 LOS ANGELES CA 90012 PAC-1666/ P.O. BOX 512570				1.			
US LOS ANGELES CA 90051-0570					DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualified		
					10/04/1994		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	lied For
—					95-4497400	<u> </u>	Applicable
21 26						\$8.75 A	
					5. Certifcate of Status Desired	Fee Rec	
22					6. Election Campaign Financing	\$5.00 N	May Bo
L				~	Trust Fund Contribution	Added to	
			Countr		This corporation owes the current year li		
<u> </u>				,	Personal Property Tax.		□No
24	9. Name and Address of Current		7]		10. Name and Address of New Registered		=
	5. Name and Address of Curren	registered Agent	81	Name	To. Haille dita Addison of Herringstein		
CT CORPORATION SYSTEM							
1200 SOUTH PINE ISLAND ROAD			82	Street A	Address (P.O. Box Number is Not Acceptable)		
PŁANTATION FL 33324			83				
T CATTATION TE 00024			٦	1			
			84	City	F	85 Zip C	ode i
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above							registered
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 agen	it and title if applicable. (NOTE: Re	gistered Age	ent signature re	equired when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DV	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	NOBLE, CHRIS M		1.2 NAME		•		
STREET ADDRESS	333 S HOPE ST		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA 90071		1.4 CITY-	ST-ZIP			
TITLE	DP	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	MINIHAN, STEPHEN T.		2.2 NAME	- 1			ľ
STREET ADDRESS	333 S HOPE ST	•	23 STREE	TADORESS			1
1	LOS ANGELES CA 90071		2. 4 CITY-	i			İ
CITY-ST-ZIP	C C		3.1 TITLE		a Chotamon :	- Change	☐ Addition
NAME	PETERSON, STACEY M.	· ·	3.2 NAME		- Chairman		
}	333 \$ HOPE ST		1	ET ADDRESS	Richard L. Dernbach	T A C A	00071
STREET ADDRESS	LOS ANGELES CA 90071		3.4. CITY-		333 S. Hope Street,	LA, CH	90071
CITY-ST-ZIP	DC	☐ DELETE	4.1 TITLE	+	UD 9 Coots	☐ Change	Addition
	DERNBACH, RICHARD L.		4. 2 NAME	1	VP & Secy.		
NAME				ET ADDRESS	Mark J. Friedman		
\$TREET ADDRESS	, =			į.	515 S. Flower Street	071	}
CITY-ST-ZIP	LOS ANGELES CA 90071	☐ DELETE	4.4 CITY- 5.1 TITLE		Los Angeles, CA 90	☐ Change	Addition
TITLE	AS FRIEDMAN MARK !		5.2 NAME			_ ,,	
NAME	FRIEDMAN, MARK J			ET ADDRESS	Suzanne R. Hull		j
STREET ADDRESS	333 S HOPE ST		5.4 CITY-	l l	333 S. Hope Street	71	
CITY-ST-ZIP	LOS ANGELES CA 90071	☐ DELETE	6.1 TITLE		Los Angeles, CA 900	Change	Addition
TITLE	AS PARTOLETTI PARRADA M	, DEECTE	6.2 NAME				_ "
NAME	BARTOLETTI, BARBARA M			ET ADDRESS			
i STREE! ADDRESS	515 S FLOWER ST		- J.J. J. 1.4L	,			

LOA 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)(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.

6.4 CfTY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

