

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90139 049 \*\*\*150.00

**DOCUMENT # F94000005148**

1. Entity Name

**PAYPOINT ELECTRONIC PAYMENT SYSTEMS, INC.**

Principal Place of Business

Mailing Address

221 S FIGUEROA STREET  
LOS ANGELES CA 90012ARCO PRODUCTS COMPANY TAX DEPT.  
PAC-1666/ P.O. BOX 512570  
LOS ANGELES CA 90051-0570  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**333 S. Hope Street**

Suite, Apt. #, etc.

3. Mailing Address

**333 S. Hope Street**

Suite, Apt. #, etc.

**PAC 1838**

City &amp; State

**Los Angeles, CA**

Zip

**90071**

Country

**USA**

City &amp; State

**Los Angeles, CA**

Zip

**90071**

Country

**USA**

4. FEI Number

**95-4497400**

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

**CT 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NOBLE, CHRIS M 333 S HOPE ST LOS ANGELES CA 90071	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Director Kimberly Ives 333 S Hope St Los Angeles, CA 90071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MINIHAN, STEPHEN T. 333 S HOPE ST LOS ANGELES CA 90071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Director Frederick Holgate 333 S Hope St Los Angeles, CA (0071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DERNBACH, RICHARD L 333 S HOPE ST LOS ANGELES CA 90071	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Denise L. Ramos 333 S Hope St Los Angeles, CA 90071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FRIEDMAN, MARK J 515 S. FLOWER STREET LOS ANGELES CA 90071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Treasurer James D. McNamara 333 S Hope St Los Angeles, CA 90071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HULL, SUZANNE R 333 S HOPE ST LOS ANGELES CA 90071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Secretary/Controller R. Dale Blotter 333 S Hope St Los Angeles, CA 90071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BARTOLETTI, BARBARA M 515 S FLOWER ST LOA ANGELES CA 90071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Secretary Jeffrey S. Campbell 333 S Hope St Los Angeles, CA 90071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2E034 (9/99)

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00

Attachment  
#F9400005148  
A0046352

**Registered Address**  
The Corporation Trust Company  
1209 Orange Street  
Wilmington, DE 19801

**Title**

Director  
Director  
Director

**Title**[illegible]