

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F 94000005148

ERNST & YOUNG
34-6565596
CHICAGO, IL 60606-6

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91286 034 ***150.00

1. Entity Name

Paypoint Electronic Payment Systems, Inc.

Principal Place of Business

200 EAST RANDOLPH DRIVE
CHICAGO IL 60601

Mailing Address

200 EAST RANDOLPH DRIVE
CHICAGO IL 60601

A0067667

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

95-4497400

Added For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation FL 33324

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	Daniel B. Pinkert	
STREET ADDRESS	200 EAST RANDOLPH DRIVE	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	V	<input type="checkbox"/> Delete
NAME	James G. Nemeth	
STREET ADDRESS	200 EAST RANDOLPH DRIVE	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	AT	<input type="checkbox"/> Delete
NAME	Robert J. Novaria	
STREET ADDRESS	200 EAST RANDOLPH DRIVE	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	SB	<input type="checkbox"/> Delete
NAME	Debra A. Plumb	
STREET ADDRESS	200 EAST RANDOLPH DRIVE	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	AS	<input type="checkbox"/> Delete
NAME	James L. Siddall	
STREET ADDRESS	200 EAST RANDOLPH DRIVE	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	D. A. Dowling	
STREET ADDRESS	200 EAST RANDOLPH DRIVE	
CITY-ST-ZIP	CHICAGO IL 60601	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE:

[Signature]

James L. Siddall

4/19/01

312-856-4476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Seal or Filing