

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90045 025 ***150.00

DOCUMENT # F94000005148

1. Entity Name

PAYPOINT ELECTRONIC PAYMENT SYSTEMS, INC.

Principal Place of Business

**333 SOUTH HOPE STREET
 LOS ANGELES CA 90071
 US**

Mailing Address

**333 SOUTH HOPE STREET
 LOS ANGELES CA 90071
 US**

2. Principal Place of Business

221 South Figueroa St.

Suite, Apt. #, etc.

3. Mailing Address

221 South Figueroa St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Los Angeles, CA

Zip

Country

90012

US

City & State

Los Angeles, CA

Zip

Country

90012

US

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

**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.

N/A

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, 2002 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 checked="" type="checkbox"/> Delete
NAME	PINKERT, DANIEL B	
STREET ADDRESS	200 EAST RANDOLPH DR.	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	V	<input type="checkbox"/> Delete
NAME	NEMETH, JAMES G	
STREET ADDRESS	200 E. RANDOLPH DRIVE	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	AS TREASURER	<input type="checkbox"/> Delete
NAME	NOVARIA, ROBERT J	
STREET ADDRESS	200 E. RANDOLPH DR.	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PLUMB, DEBRA A	
STREET ADDRESS	200 E. RANDOLPH DR.	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SIDDALL, JAMES L	
STREET ADDRESS	200 E. RANDOLPH DR.	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	DOWLING, D.A.	
STREET ADDRESS	200 E. RANDOLPH DR.	
CITY-ST-ZIP	CHICAGO IL 60601	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark H. Blincoe	
STREET ADDRESS	221 South Figueroa St.	
CITY-ST-ZIP	Los Angeles, CA 90012	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael J. Nolan	
STREET ADDRESS	221 South Figueroa St.	
CITY-ST-ZIP	Los Angeles, CA 90012	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rick St. Cyr	
STREET ADDRESS	221 South Figueroa St.	
CITY-ST-ZIP	Los Angeles, CA 90012	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark J. Friedman	
STREET ADDRESS	333 South Hope Street	
CITY-ST-ZIP	Los Angeles, CA 90071	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel B. Pinkert	
STREET ADDRESS	200 E. Randolph Drive	
CITY-ST-ZIP	Chicago, IL 60601	
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/02 (312) 856-3962

CR2E034 (9/01)