

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003467

FILED
Apr 29, 2009
Secretary of State

Entity Name: MONEYGRAM PAYMENT SYSTEMS, INC.

Current Principal Place of Business:

1550 UTICA AVE. S.
MINNEAPOLIS, MN 55416 US

New Principal Place of Business:

Current Mailing Address:

1550 UTICA AVE. S.
MINNEAPOLIS, MN 55416 US

New Mailing Address:

FEI Number: 84-1327808 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: MILNE, PHILIP W
Address: 1550 UTICA AVE S.
City-St-Zip: ST LOUIS PARK, MN 55416

Title: AS () Delete
Name: HAIDER, THOMAS E
Address: 1550 UTICA AVE S.
City-St-Zip: ST LOUIS PARK, MN 55416

Title: VP () Delete
Name: BENSON, JEAN
Address: 1550 UTICA AVE. S.
City-St-Zip: MINNEAPOLIS, MN 55416

Title: VP () Delete
Name: GALLAHER, TIMOTHY J
Address: 1550 UTICA AVE S.
City-St-Zip: ST LOUIS PARK, MN 55416

Title: VP () Delete
Name: DUTRA, MARY
Address: 1550 UTICA AVE. S.
City-St-Zip: MINNEAPOLIS, MN 55416

Title: S () Delete
Name: JOHNSON, TERESA
Address: 1550 UTICA AVE. S.
City-St-Zip: MINNEAPOLIS, MN 55416

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: RYAN, ANTHONY P
Address: 1550 UTICA AVE S.
City-St-Zip: ST LOUIS PARK, MN 55416

Title: T (X) Change () Addition
Name: COLLINS, DANIEL J
Address: 1550 UTICA AVE S.
City-St-Zip: ST LOUIS PARK, MN 55416

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: PARRIN, DAVID J
Address: 1550 UTICA AVE S.
City-St-Zip: ST LOUIS PARK, MN 55416

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN BENSON

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date