

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90058 043 ***150.00

0555537

DOCUMENT # F97000006375

1. Corporation Name

TIER TECHNOLOGIES, INC.

Principal Place of Business
1350 TREAT BLVD. STE. 250
WALNUT CREEK CA 94596

Mailing Address
1350 TREAT BLVD. STE. 250
WALNUT CREEK CA 94596

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1997

4. FEI Number
94-3145844

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA FILING & SEARCH SERVICES
3260 BALDWIN DR. WEST
TALLAHASSEE FL 32308

81 Name Paracorp Incorporated
82 Street Address (P.O. Box Number is Not Acceptable)
1116-D Thomasville Rd.
83 Tallahassee, FL 32303
84 City Tallahassee FL 85 Zip Code 32303

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

Danise Zoller Paracorp Incorporated, Assistant Secretary 1/7/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE COB
NAME BILDNER, JAMES L
STREET ADDRESS 1350 TREAT BLVD. STE. 250
CITY-ST-ZIP WALNUT CREEK CA 94596

1.1 TITLE CEO/D
1.2 NAME Bildner, James L.
1.3 STREET ADDRESS 1350 Treat Blvd, STE 250
1.4 CITY-ST-ZIP Walnut Creek, CA 94596

TITLE COOP
NAME BARTON, WILLIAM G
STREET ADDRESS 1350 TREAT BLVD. STE. 250
CITY-ST-ZIP WALNUT CREEK CA 94596

2.1 TITLE President/D
2.2 NAME Barton, William G
2.3 STREET ADDRESS 1350 Treat Blvd, STE. 250
2.4 CITY-ST-ZIP Walnut Creek, CA 94596

TITLE CFOV
NAME ROSS, GEORGE K
STREET ADDRESS 1350 TREAT BLVD. STE. 250
CITY-ST-ZIP WALNUT CREEK CA 94596

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V
NAME ARTHUR, ALBERT A
STREET ADDRESS 1350 TREAT BLVD. STE. 250
CITY-ST-ZIP WALNUT CREEK CA 94596

4.1 TITLE Director
4.2 NAME Sakot, Samuel
4.3 STREET ADDRESS 1350 Treat Blvd, STE 250
4.4 CITY-ST-ZIP Walnut Creek, CA 94596

TITLE V
NAME HAMPTON, JACQUELINE R
STREET ADDRESS 1350 TREAT BLVD. STE. 250
CITY-ST-ZIP WALNUT CREEK CA 94596

5.1 TITLE Director
5.2 NAME Rossetti, Ronald
5.3 STREET ADDRESS 1350 Treat Blvd, STE 250
5.4 CITY-ST-ZIP Walnut Creek, CA 94596

TITLE V
NAME LATHAM, F T
STREET ADDRESS 1350 TREAT BLVD. STE. 250
CITY-ST-ZIP WALNUT CREEK CA 94596

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)