

DOCUMENT # F97000006375

TIER TECHNOLOGIES, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90066 039 ***150.00

Principal Place of Business	Mailing Address
1350 TREAT BLVD. STE. 250 WALNUT CREEK CA 94596	1350 TREAT BLVD. STE. 250 WALNUT CREEK CA 94596-7963

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	94-3145844	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
FLORIDA FILING & SEARCH SERVICES 1116 D THOMASVILLE RD TALLAHASSEE FL 32303	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD BILDNER, JAMES L 1350 TREAT BLVD. STE. 250 WALNUT CREEK CA 94596	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CF0/ST Laura B. DePole 1350 Treat Blvd. Ste. 250 Walnut Creek, CA 94596	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARTON, WILLIAM G 1350 TREAT BLVD. STE. 250 WALNUT CREEK CA 94596	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Morgan Guenther 1350 Treat Blvd. Ste. 250 Walnut Creek, CA 94596	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOV ROSS, GEORGE K 1350 TREAT BLVD. STE. 250 WALNUT CREEK CA 94596	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D William Van Faasen 1350 Treat Blvd. Ste. 250 Walnut Creek, CA 94596	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CABOT, SAMUEL 1350 TREAT BLVD. STE. 250 WALNUT CREEK CA 94596	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RONALD, ROSSETTI 1350 TREAT BLVD. STE. 250 WALNUT CREEK CA 94596	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LATHAM, F T 1350 TREAT BLVD. STE. 250 WALNUT CREEK CA 94596	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Laura B. DePole LAURA B. DEPOLE 2/25/2000 (925) 937-3950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CB2E034 '9/003'