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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90192 040 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000003305

1. Corporation Name

SINGLE BILLING SERVICES, INC.

Principal Place of Business

7349 E. VIA PASEO DEL SUR., UNIT 510A
SCOTTSDALE AZ 85258

Mailing Address

7349 E. VIA PASEO DEL SUR., UNIT 510A
SCOTTSDALE AZ 85258

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1998

4. FEI Number

52-2075540

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

21 **9550 Flair Dr.**

Suite, Apt. #, etc.

22 **Ste. 510**

City & State

23 **El Monte CA**

Zip

24 **91731**

Country

25 **USA**

2a. Mailing Address

26 **9550 Flair Dr.**

Suite, Apt. #, etc.

27 **Ste. 510**

City & State

28 **El Monte CA**

Zip

29 **91731**

Country

30 **USA**

9. Name and Address of Current Registered Agent

BLANTON, EDWIN F
825 THOMASVILLE ROAD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCDT** ☒ DELETE
NAME **SOLLINGER, ALAN**
STREET ADDRESS **7349 E. VIA PASEO DEL SUR., UNIT 510A**
CITY-ST-ZIP **SCOTTSDALE AZ**

TITLE **VS** ☒ DELETE
NAME **SOLLINGER, SONJA B**
STREET ADDRESS **7349 E. VIA PASEO DEL SUR., UNIT 510A**
CITY-ST-ZIP **SCOTTSDALE AZ**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President & Director** ☒ Change ☐ Addition
1.2 NAME **Edward Sun**
1.3 STREET ADDRESS **9550 Flair Dr. Ste 510**
1.4 CITY-ST-ZIP **El Monte CA 91731**

2.1 TITLE **Secretary & Treasurer** ☒ Change ☐ Addition
2.2 NAME **Michelle Kwan**
2.3 STREET ADDRESS **9550 Flair Dr. Ste 510**
2.4 CITY-ST-ZIP **El Monte CA 91731**

3.1 TITLE **Director** ☐ Change ☒ Addition
3.2 NAME **Marty Shih**
3.3 STREET ADDRESS **9550 Flair Dr. Ste 510**
3.4 CITY-ST-ZIP **El Monte CA 91731**

4.1 TITLE **Director** ☐ Change ☒ Addition
4.2 NAME **Helen Shih**
4.3 STREET ADDRESS **9550 Flair Dr. Ste 510**
4.4 CITY-ST-ZIP **El Monte CA 91731**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

Patrick D. Crocker

Date

Daytime Phone #

4/21/99 666-381-8844

CR2E034 (11/98)