PLEASE READ ALL	INSTRUCTIONS	REFORE COMPLE	ETING THIS FORM.
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FILED

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SECTION IN CONSTATE
TALLAHASSIE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

F98000004494

1. Corporation Name

USB PAYMENT PROCESSING, INC.

Principal Place of Business Mailing Address				1						
•			ST., STE, 500 WI 53203		REINSTATEMENT 1999					
		incorrect in any way, li Address, If Applicable			formation and enter correction below.					
				***************************************		Date incorporated or Qualified To Do Business in Fiorida 08/07/1998				
Suite, Apt.	#, etc.		Suite, Apt. #,	, etc.		5. FEI Number 39-1778385		7	Applied For	
City & Stati	(e		City & State					1	Not Applicable	
Zip		Country	Zip		Country 6. CERTIFICA			TE OF STATUS DESIRED 🚺	\$8.75 Add for a Cu	ddional Fee required ertificale of Status
7. Names	and Street Ad	dresses of Each Office	and/or Director (Flo	rida nonpro	ofit corpore	ations must list at lea	ast 3 directors)			
Title(s) 1	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3		City / State / Zip		ip			
CD	CD BECK, DAWD C [See Attached List]		754 N. 4TH ST.			MILWAUKEE WI 53203				
CEOP			754 N. 4TH ST.		MILWAUKEE WI 53203					
٧	V JOACHIM, FRED		754 N. 4TH ST.		MILWAUKEE WI 53203					
۷T	AXBERG, KRIS C		754 N. 4TH ST.		MILWAUKEE WI 53203					
VD	TICE, THOMAS W		754 N. 4TH ST.		MILWAUKEE WI 53203					
\$	-BURI, F J VANA, JENNIFER A		754 N. 4TH ST.			MILWAUKEE WI 53203				
8. Name and Address of Current Registered Agent			int		Name and Address of New Registered Agent					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name Street Address (P.O. Box Number is Not Acceptable)						
10. I, being	g appointed th	ne registered agent of th	ne above named corpo	oration, am	familiar w	th and accept the of	bligations of Sect	ion 607.0505, F.S.	<u>re</u> i	
Signature of Registered Agent REGISTERED ASENT MUST SIGN				Francis P. R		Date	5-9 9	}		
		"								

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3Xi), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SYNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR



Officers Name Business Address

Chairman:	Kenneth W. Biel	754 N. 4 th St, Milwaukee, WI 53203
President and CEO:	Kenneth W. Biel	754 N. 4 th St, Milwaukee, WI 53203
Sr. Vice President:	R. Fred Joachim	754 N. 4 th St, Milwaukee, WI 53203
Sr. Vice President:	Florian DeVitis	754 N. 4 th St, Milwaukee, WI 53203
V.PSales:	Thomas W. Tice	754 N. 4 th St, Milwaukee, WI 53203
V.POperations:	Dorothy Calcaterra	754 N. 4 th St, Milwaukee, WI 53203
V.PBank Relations:	Mary Winningham	754 N. 4 th St, Milwaukee, WI 53203
V.P., Controller, Treas.:	Kris C.Axberg	754 N. 4 th St, Milwaukee, WI 53203
V.PHuman Resources:	Mary Oelstrom	754 N. 4 th St, Milwaukee, WI 53203
Secretary:	Jennifer A. Vana	754 N. 4th St. Milwaukee, WI 53203

Board of Directors

Kenneth W. Biel Thomas V. Anderson Thomas W. Tice Donald DeMuth

Business Address

754 N. 4th St, Milwaukee, WI 53203 13072 Tyler St, Crown Point, IN 46307 754 N. 4th St, Milwaukee, WI 53203 300 Frank W. Burr Blvd., Teaneck, NJ 07666