

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002919

1. Entity Name

LML PAYMENT SYSTEMS INC.

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90062 015 \*\*\*150.00

Principal Place of Business

Mailing Address

1140 WEST PENDER STREET, SUITE 1680  
VANCOUVER BC V6E 4G1

1140 WEST PENDER STREET, SUITE 1680  
VANCOUVER BC V6E 4G1

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

98-0209289

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CP** ☐ Delete  
NAME **GAINES, PATRICK**  
STREET ADDRESS **11 - 200 BARRARD STREET**  
CITY-ST-ZIP **VANCOUVER BC V6C 3L0**

TITLE ☐ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Seidman, L. William**  
CITY-ST-ZIP **Suite 1008, 1025 Connecticut Ave. NW**

TITLE **D** ☒ Delete  
NAME **MOORE, LINDA**  
STREET ADDRESS **202 3690 BANFF COURT**  
CITY-ST-ZIP **NORTH VANCOUVER BC V7H 2Y7**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Washington, DC**  
CITY-ST-ZIP **20036-5417**

TITLE **D** ☐ Delete  
NAME **MACRAE, GREG**  
STREET ADDRESS **1280-625 HOWE STREET**  
CITY-ST-ZIP **VANCOUVER BC V6C 2T6**

TITLE ☐ Change ☐ Addition  
NAME **S**  
STREET ADDRESS **MOSHER, CAROLYN**  
CITY-ST-ZIP **1155 RONAYNE**

TITLE **S** ☐ Delete  
NAME **MOSHER, CAROLYN**  
STREET ADDRESS **1155 RONAYNE**  
CITY-ST-ZIP **N. VANCOUVER V7K 1H4**

TITLE ☐ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **OGILVIE, WENDY**  
CITY-ST-ZIP **5375 50TH AVE.**

TITLE **D** ☐ Delete  
NAME **OGILVIE, WENDY**  
STREET ADDRESS **5375 50TH AVE.**  
CITY-ST-ZIP **LADNER, BC V4K-4R5**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*January 18/2000*  
Date

*604-682-4440*  
Daytime Phone #

CR2E034 (9/99)