2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # F9900003908 PHONE DEBIT SYSTEMS, INC. 04-30-2001 90080 028 ***150.00 Principal Place of Business Mailing Address 17400 DALLAS PARKWAY, SUITE 114 17400 DALLAS PARKWAY, SUITE 114 DALLAS TX 75287 DALLAS TX 75287 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 75-1387125 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVENUE TALLAHASSEE FL 32301 City Zin 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE ☐ Delete TITLE SNAVELY, PERRY D NAME NAME 17400 DALLAS PARKWAY, SUITE 114 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75287 TITLE ☐ Delete TITLE ☐ Change Addition PETERSON, TERRY W NAME NAME 17400 DALLAS PARKWAY, SUITE 114 STREET ADDRESS STREET ADDRESS CITY - ST - Z!P CITY-ST-ZIP DALLAS TX 75287 TITLE ☐ Delete TITLE ☐ Change Addition CLINGER, JOYCE NAME NAME 17400 DALLAS PARKWAY, SUITE 114 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DALLAS TX 75287 TITLE ☐ Delete TITLE ☐ Change Addition FREIMAN, PAUL NAME NAME STREET ACORESS STREET ADDRESS 1227 APPAREL CENTER CITY-ST-Z:P CITY - ST - ZIP CHICAGO IL 60654 ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-79P CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CHY-SI-ZIP

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. Joyce CLINGER 4-20-01 972 250-0383

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR