



THE UNITED STATES
CORPORATION
COMPANY

F 99000006008

ACCOUNT NO. : 072100000032

REFERENCE : 481230 7185954

AUTHORIZATION :

Patricia Kight

COST LIMIT : \$ 78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 19 AM 11:13

ORDER DATE : November 15, 1999

ORDER TIME : 10:19 AM

ORDER NO. : 481230-015

CUSTOMER NO: 7185954

8000003049348-12

CUSTOMER: Ms. Judie Eisenberg 7185954
Cashpoint Network Services
143 W. 72nd Street

New York, NY 10023

FOREIGN FILINGS

NAME: CASHPOINT NETWORK SERVICES,
INC.

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XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

BK1

RECEIVED
99 NOV 19 AM 10:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

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1. CASHPOINT NETWORK SERVICES, INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. New York

(State or country under the law of which it is incorporated)

3. Applied for

(FEI number, if applicable)

4. January 30, 1992

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 143 WEST 72ND STREET

NEW YORK NY 10023

(Current mailing address)

ELECTRONIC BILL PAYMENT PROCESSING To engage in any act or activity for which corporations may be organized.

8. _____

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Corporation Service Company

Office Address: 1201 HAYS STREET

Tallahassee

, Florida, 32301

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Corporation Service Company

[Signature]

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: SAMUEL R BREYDEH

Address: 143 WEST 72nd Street

NEW YORK NY 10023

Director: BERNIE K BREYDEH

Address: 143 WEST 72nd Street

NEW YORK NY 10023

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: SAMUEL R. BREYDEH

Address: 143 WEST 72nd STREET

NEW YORK NY 10023

Vice President: N/A

Address: _____

Secretary: BERNIE K BREYDEH

Address: 143 WEST 72nd STREET

NEW YORK NY 10023

Treasurer: BERNIE K. BREYDEH

Address: 143 WEST 72nd Street

NEW YORK NY 10023

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. SAMUEL R. BREYDEH, PRESIDENT

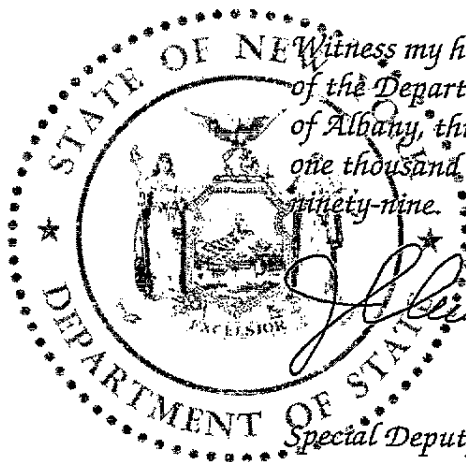
(Typed or printed name and capacity of person signing application)

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State of New York } ss:
Department of State

I hereby certify, that the certificate of incorporation of CASHPOINT NETWORK SERVICES, INC. was filed on 01/30/1992, under the name of CASHPOINT INC., with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment CASHPOINT INC., changing name to CASHPOINT NETWORK SERVICES, INC., was filed 07/09/1996.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 12th day of November
one thousand nine hundred and
ninety-nine.

Special Deputy Secretary of State

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