

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90115 004 ****50.00

DOCUMENT # M96000000196

1. Entity Name

GLOBAL PAYMENT SYSTEMS LLC

Principal Place of Business

**4 CORPORATE SQUARE
 LEGAL DEPARTMENT
 ATLANTA GA 30329**

Mailing Address

**4 CORPORATE SQUARE
 LEGAL DEPARTMENT
 ATLANTA GA 30329**

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 **58-2221768**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** Delete
 NAME **MASTERCARD INTERNATIONAL INCORPORATED**
 STREET ADDRESS **2000 PURCHASE STREET**
 CITY-ST-ZIP **PURCHASE NY 10577**

TITLE **MGRM** Delete
 NAME **GPS HOLDING LIMITED PARTNERSHIP**
 STREET ADDRESS **FOUR CORPORATE SQUARE**
 CITY-ST-ZIP **ATLANTA GA 30329**

TITLE **MGRM** Delete
 NAME **NDPS HOLDINGS, INC.**
 STREET ADDRESS **FOUR CORPORATE SQUARE**
 CITY-ST-ZIP **ATLANTA GA 30329**

TITLE **MGRM** Delete
 NAME **NDC HOLDINGS (UK) LTD**
 STREET ADDRESS **FOUR CORPORATE SQUARE**
 CITY-ST-ZIP **ATLANTA GA 30329**

TITLE **MGRM** Delete
 NAME **GLOBAL PAYMENTS HOLDING COMPANY**
 STREET ADDRESS **FOUR CORPORATE SQUARE**
 CITY-ST-ZIP **ATLANTA GA 30329**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGRM** Change Addition
 NAME **GLOBAL PAYMENT HOLDING COMPANY**
 STREET ADDRESS **FOUR CORPORATE SQUARE**
 CITY-ST-ZIP **ATLANTA, GA 30329**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

01-24-02 (404) 728-2503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)