

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90180 006 ***150.00

DOCUMENT # P09167

1. Entity Name
DE LA RUE CASH SYSTEMS INC.

Principal Place of Business 2441 WARRENVILLE ROAD 100 LISLE IL 60532	Mailing Address 2441 WARRENVILLE ROAD 100 LISLE IL 60532-3642
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847395



DO NOT WRITE IN THIS SPACE

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 25-1515167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ (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 NAME S TULLIO, GATTI	<input checked="" type="checkbox"/> Delete	TITLE NAME Secretary LARRY D PARTLING	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2441 WARRENVILLE ROAD		STREET ADDRESS 705 S. 12th ST.	
CITY-ST-ZIP LISLE IL 60532		CITY-ST-ZIP WATERTOWN, WI 53094	
TITLE NAME PD HUSVAR, JAMES R	<input checked="" type="checkbox"/> Delete	TITLE NAME PRESIDENT GARY D. MROZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2441 WARRENVILLE RD		STREET ADDRESS 2441 WARRENVILLE Rd	
CITY-ST-ZIP LISLE IL 60532		CITY-ST-ZIP LISLE, IL 60532	
TITLE NAME VP MORELAND, DANIEL	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2441 WARRENVILLE ROAD		STREET ADDRESS	
CITY-ST-ZIP LISLE IL 60532		CITY-ST-ZIP	
TITLE NAME T O'CONNER, JANICE	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2441 WARRENVILLE ROAD		STREET ADDRESS	
CITY-ST-ZIP LISLE IL 60532		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-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.

SIGNATURE: GARY D MROZ **GARY D MROZ** 4/27/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT

CR2E034 (9/99)