


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90649 050 ***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**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **25-1515167**

5. Certificate of Status Desired **\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	TURNER, JONATHAN H	
STREET ADDRESS	705 S. 12TH STREET	
CITY-ST-ZIP	WATERTOWN WI 53094	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MROZ, GARY D	
STREET ADDRESS	2441 WARRENVILLE RD	
CITY-ST-ZIP	LISLE IL 60532	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHIRCEL, MARK A	
STREET ADDRESS	2441 WARRENVILLE ROAD6	
CITY-ST-ZIP	LISLE IL 60532-3664	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEITRO, ARMANINI	
STREET ADDRESS	DE LA RUE HOUSE JAYS CLOSE	
CITY-ST-ZIP	BASINGSTOKE HAMPSHIRE RG22 - 4BS	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER MCMANEMY	
STREET ADDRESS	2441 WARRENVILLE RD	
CITY-ST-ZIP	LISLE, IL 60532	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IAN MCCORMICK	
STREET ADDRESS	2441 WARRENVILLE RD	
CITY-ST-ZIP	LISLE, IL 60532	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: *GARY D MROZ* **GARY D MROZ** **3/12/03** **(630)577-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)