

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State
 05-10-2000 90108 016 ***150.00

DOCUMENT # P11190

1. Entity Name

INTERNATIONAL BANKING TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

5660 NEW NORTHSIDE DRIVE
 SUITE 1400
 ATLANTA GA 30328
 US

5660 NEW NORTHSIDE DRIVE
 SUITE 1400
 ATLANTA GE 30328-5825
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1626046

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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 **S** ☐ Delete
 NAME **POPE, MICHAEL H**
 STREET ADDRESS **2076 WEST PARK PL.**
 CITY-ST-ZIP **STONE MOUNTAIN GA**

TITLE **SVP** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☒ Delete
 NAME **SMITH, SUSAN**
 STREET ADDRESS **1770 INDIAN TR ROAD**
 CITY-ST-ZIP **NORCROSS GA**

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

TITLE **D** ☐ Delete
 NAME **BAILIS, DAVID P.**
 STREET ADDRESS **2121 N. 117TH AVE, NP-30**
 CITY-ST-ZIP **OMAHA NE 68164**

TITLE **D** ☒ Change ☐ Addition
 NAME **Fote, Charles T.**
 STREET ADDRESS **6200 South Quebec Street**
 CITY-ST-ZIP **Englewood CO 80111**

TITLE **D** ☐ Delete
 NAME **DE NERO, HENRY T.**
 STREET ADDRESS **6200 SOUTH QUEBEC STREET**
 CITY-ST-ZIP **ENGLEWOOD CO 80111**

TITLE **D** ☒ Change ☐ Addition
 NAME **Whealy, Michael T.**
 STREET ADDRESS **5660 New Northside Dr Ste 1400**
 CITY-ST-ZIP **Atlanta GA 30328**

TITLE **AS** ☐ Delete
 NAME **ABELMAN, HENRY M.**
 STREET ADDRESS **10101 CLAUDE FREEMAN DR**
 CITY-ST-ZIP **CHARLOTTE NC 28262**

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

TITLE **P** ☐ Delete
 NAME **GARNETT, JOHN W.**
 STREET ADDRESS **1770 INDIAN TRAIL RD, SUITE 300**
 CITY-ST-ZIP **NORCROSS GA 30093**

TITLE **CEO** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)