

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 5660 NEW NORTHSIDE DRIVE SUITE 1400 ATLANTA GA 30328 US | Mailing Address 5660 NEW NORTHSIDE DRIVE SUITE 1400 ATLANTA GE 30328-5825 US |
|---|--|

A0001000



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | | |
|--------------|--------------|------------------------------------|---|---|
| City & State | City & State | 4. FEI Number 58-1626046 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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

| | | |
|----------------|---------------------------------|--|
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | POPE, MICHAEL H | |
| STREET ADDRESS | 2076 WEST PARK PL. | |
| CITY-ST-ZIP | STONE MOUNTAIN GA | |
| TITLE | AS | <input checked="" type="checkbox"/> Delete |
| NAME | SMITH, SUSAN | |
| STREET ADDRESS | 1770 INDIAN TR ROAD | |
| CITY-ST-ZIP | NORCROSS GA | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BAILIS, DAVID P. | |
| STREET ADDRESS | 2121 N. 117TH AVE, NP-30 | |
| CITY-ST-ZIP | OMAHA NE 68164 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DE NERO, HENRY T. | |
| STREET ADDRESS | 6200 SOUTH QUEBEC STREET | |
| CITY-ST-ZIP | ENGLEWOOD CO 80111 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | ABELMAN, HENRY M. | |
| STREET ADDRESS | 10101 CLAUDE FREEMAN DR | |
| CITY-ST-ZIP | CHARLOTTE NC 28262 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | GARNETT, JOHN W. | |
| STREET ADDRESS | 1770 INDIAN TRAIL RD, SUITE 300 | |
| CITY-ST-ZIP | NORCROSS GA 30093 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|--|
| TITLE | SVP | <input checked="" 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 | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Fote, Charles T. | |
| STREET ADDRESS | 6200 South Quebec Street | |
| CITY-ST-ZIP | Englewood CO 80111 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Whealy, Michael T. | |
| STREET ADDRESS | 5660 New Northside Dr Ste 1400 | |
| CITY-ST-ZIP | Atlanta GA 30328 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | CEO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: _____ **REQUIRED** Jerry P. Deambowski 4/18/00 770857-7248
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)