

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17884

FILED
Jun 22, 2004
Secretary of State

Entity Name: EPS SETTLEMENTS GROUP, INC.

Current Principal Place of Business:

7100 E. BELLEVIEW AVENUE
SUITE 300
GREENWOOD VILLAGE, CO 80111 US

New Principal Place of Business:

Current Mailing Address:

7100 E. BELLEVIEW AVENUE
SUITE 300
GREENWOOD VILLAGE, CO 80111 US

New Mailing Address:

FEI Number: 95-4134668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BOWERS, JEFFEREY
Address: 12825 FLUSHING MEADOW DR., 2ND FLOOR
City-St-Zip: ST. LOUIS, MO 63131

Title: CEOD () Delete
Name: BOWERS, JEFFREY S
Address: 12825 FLUSHING MEADOW DRIVE 2ND FLOOR
City-St-Zip: SAINT LOUIS, MO 63131 US

Title: STD () Delete
Name: RUDER, LARRY
Address: 12825 FLUSHING MEADOW DR., 2ND FLOOR
City-St-Zip: ST. LOUIS, MO 63131

Title: VD () Delete
Name: HAMILTON, T. SCOTT
Address: 6315 AMHERST CT., #200
City-St-Zip: AMHERST, GA 30092

Title: VD () Delete
Name: COLEMAN, SEAN J
Address: 5871 GLENRIDGE DRIVE NE #475
City-St-Zip: ATLANTA, GA 30328

Title: AS () Delete
Name: GRAVES, LAURIE E
Address: 7100 E BELLEVIEW AVENUE #300
City-St-Zip: ENGLEWOOD, CO 80111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COSTELLO, JOSEPH M
Address: 7100 E. BELLEVIEW AVENUE, # 300
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE E. GRAVES

AS

06/22/2004

Electronic Signature of Signing Officer or Director

Date