2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90161 014 ***150.00

055572 AT

DOCUMENT # P17884

1. Entity Name
EPS SETTLEMENTS GROUP, INC.

Principal Place of Business	Mailing Address
7100 E. BELLEVIEW AVENUE SUITE 300 GREENWOOD VILLAGE CO 80111 US	7100 E. BELLEVIEW AVENUE SUITE 300 GREENWOOD VILLAGE CO 80111 US

CHECK HERE IF MAKING CHANGES

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 95-4134668 ☐ Applied For ☐ Not Applicable

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
NRAI SERVICES, INC. 526 E. PARK AVENUE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO BOWERS, JEFFEREY 12825 FLUSHING MEADOW DR., 2ND FLOOR ST. LOUIS MO 63131	☐ Delete	VD Sean J. COLEMAN 5871 Glenridge Dr. N.E. #475 ATLANTA, GEORGIA 30328	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COSTELLO, JOSEPH M 7100 W. BELLEVIEW AVENUE, STE. 300 GREENWOOD VILLAGE CO 80111	☐ Delete	CEO/CHAIRMAN/Director Bowers, Jeffrey S. 12825 Flushing Meadow Dr. 2nd Flr St. Louis, MO 63131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD RUDER, LARRY 12825 FLUSHING MEADOW DR., 2ND FLOOR ST. LOUIS MO 63131	☐ Delete	ASST SEC Laurie E. Graves 7100 E. Belleview Ave, #300 Greenwood Village, CO 80111	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HAMILTON, T. SCOTT 6315 AMHERST CT., #200 AMHERST GA 30092	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 empowered.

SIGNATURE: SIGNATURE REQUIRED 1-3-03 800-354-4098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #