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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90285 018 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P27046

1. Corporation Name  
**EDISON PAYMASTER, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**501 N. BROADWAY  
 ST. LOUIS MO 63102  
 US**

Mailing Address  
**P.O. BOX 14445 N/A  
 ST. LOUIS MO 63178  
 US**

3. Date Incorporated or Qualified  
**11/27/1989**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

4. FEI Number  
**43-1522965**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC  
 1201 HAYES STREET  
 STE - 105  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | PD<br>HONIG, LAWRENCE<br>501 N BROADWAY<br>ST. LOUIS MO 63102            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 1.2 NAME  |  |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                    |  |
| CITY-STATE-ZIP             |  | 1.4 CITY-STATE-ZIP                                    |  |
| TITLE                      | CFO<br>BURTELOW, JACK<br>501 N BROADWAY<br>ST. LOUIS MO 63102            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 2.2 NAME  |  |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |  |
| CITY-STATE-ZIP             |  | 2.4 CITY-STATE-ZIP                                    |  |
| TITLE                      | S<br>SACHS, ALAN A.<br>7422 WELLINGTON WAY<br>CLAYTON MO                 | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 3.2 NAME  |  |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |  |
| CITY-STATE-ZIP             |  | 3.4 CITY-STATE-ZIP                                    |  |
| TITLE                      | V<br>MCCAIN, THOMAS<br>12707 CORUM WAY DRIVE<br>ST LOUIS MO              | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  | <i>11/CONTROLLER</i>   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    | <i>ABRAMS, JUDITH M.</i>   |
| CITY-STATE-ZIP             |  | 4.4 CITY-STATE-ZIP                                    | <i>501 N. BROADWAY<br/>ST. LOUIS MO. 63102</i>                               |
| TITLE                      | D<br>BROWN, BART<br>5050 40TH AVE SUITE 200<br>PHOENIX AZ 85018          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-STATE-ZIP             |  | 5.4 CITY-STATE-ZIP                                    |  |
| TITLE                      | D<br>DOFT, JACOB<br>#1 ROCKEFELLER PLAZA SUITE 1401<br>NEW YORK NY 10020 | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-STATE-ZIP             |  | 6.4 CITY-STATE-ZIP                                    |  |

14. 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 annual report or supplemental annual 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 12 or Block 13 if change 1, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Judith M. Abrams* Date: *4/26/99* Daytime Phone #: *314-331-7528*

CR2E034 (1/98)