

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P32747** (8)

1. Corporation Name  
**INTERPAYMENT SERVICES LIMITED, INC.**

Principal Place of Business <b>PO BOX 36 THORPE WOOD PETERBOROUGH ENGLAND PE36S-8</b>	Mailing Address <b>C/O THOMAS COOK GROUP CANADA SCOTIA PLAZA 14TH FLR 100 YONGE ST TORONTO ONTARIO M5C2W-1</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/01/1991</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>13-3565265</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>NA</b>	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRENTICE HALL  
1201 HAYS ST  
TALLAHASSEE FL 32301**

81 Name	<b>CT Corporation System</b>	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1200 South Pine Island Rd</b>	
83		
84 City	<b>Plantation</b>	85 Zip Code <b>33324</b>

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 *[Signature]* DATE **Apr 20/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHNSON, ANTHONY I</b>	1.2 NAME	<b>D Michael Hallisey</b>
STREET ADDRESS	<b>45 BERKELEY ST</b>	1.3 STREET ADDRESS	<b>45 Berkeley St</b>
CITY-ST-ZIP	<b>LONDON EN</b>	1.4 CITY-ST-ZIP	<b>London England WIA 1EB</b>
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCEWAN, JOHN A</b>	2.2 NAME	<b>David Painter</b>
STREET ADDRESS	<b>PO BOX 36 THORPE WOOD N/A</b>	2.3 STREET ADDRESS	<b>45 Berkeley St</b>
CITY-ST-ZIP	<b>PETERBOROUGH EN</b>	2.4 CITY-ST-ZIP	<b>London, England WIA 1EB</b>
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RIDER, GRAHAM H</b>	3.2 NAME	<b>Shirley Bradley</b>
STREET ADDRESS	<b>45 BERKELEY STREET</b>	3.3 STREET ADDRESS	<b>PO Box 36 Thorpe Wood</b>
CITY-ST-ZIP	<b>LONDON EN</b>	3.4 CITY-ST-ZIP	<b>Peterborough, England PE3 6SB</b>
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPIGHT, IAN</b>	4.2 NAME	
STREET ADDRESS	<b>PO BOX 36 THORPE WOOD N/A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PETERBOROUGH EN</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **Apr 2/98** 416-359-3742

CR2E034 (10/97)