

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90304 017 \*\*\*150.00

**DOCUMENT # P35849**

1. Entity Name

**DEPOSIT PAYMENT PROTECTION SERVICES, INC.**

Principal Place of Business

**19803 N CREEK PKWAY  
 BOTHELL WA 98011**

Mailing Address

**3680 VICTORIA STREET NORTH  
 SHOREVIEW MN 55126**

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 **91-1129953**

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

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JANSSEN, DEBRA A</b>	
STREET ADDRESS	<b>400 W DELUXE PKWY</b>	
CITY-ST-ZIP	<b>GLENDALE WI 53212</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BLANCHARD, JOHN A III</b>	
STREET ADDRESS	<b>3850 N VICTORIA ST</b>	
CITY-ST-ZIP	<b>SHOREVIEW MN 55126</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FABRIZIO, KENNETH</b>	
STREET ADDRESS	<b>8024 NE 145TH ST.</b>	
CITY-ST-ZIP	<b>SNOHMISH WA</b>	
TITLE	<b>VPT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARTIN, LOIS M</b>	
STREET ADDRESS	<b>3680 VICTORIA ST N</b>	
CITY-ST-ZIP	<b>SHOREVIEW MN 55126</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PETERSON, STEPHEN L</b>	
STREET ADDRESS	<b>3680 VICTORIA ST N</b>	
CITY-ST-ZIP	<b>SHOREVIEW MN 55126</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GALVIN, KRISTOPHER S</b>	
STREET ADDRESS	<b>21338 SE 265TH ST.</b>	
CITY-ST-ZIP	<b>KENT WA</b>	

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kristopher S. Galvin</b>	
STREET ADDRESS	<b>19803 N. Creek Pkwy</b>	
CITY-ST-ZIP	<b>Bothell, WA 98011</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Howard Reelfs</b>	
STREET ADDRESS	<b>19803 N. Creek Pkwy.</b>	
CITY-ST-ZIP	<b>Bothell, WA 98011</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lisa Nelson</b>	
STREET ADDRESS	<b>1550 E. 79th St., 3rd Fl.</b>	
CITY-ST-ZIP	<b>Bloomington, MN 55425</b>	
TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Charles McCain</b>	
STREET ADDRESS	<b>7272 E. Indian School Rd.</b>	
CITY-ST-ZIP	<b>Scottsdale, AZ 85251</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Robert L. Foehl</b>	
STREET ADDRESS	<b>1080 W. County Rd. F</b>	
CITY-ST-ZIP	<b>Shoreview, MN 55126</b>	
TITLE		<input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Charles McCain**

**4/25/01**

Date

Daytime Phone #

**602/431-2700**

**Treasurer**

CR2E034 (10/00)