

ACCOUNT NO. 072100000032

REFERENCE

641185

5052101

AUTHORIZATION

\$ 35.00 COST LIMIT

ORDER DATE: December 18, 1997

ORDER TIME: 10:52 AM

ORDER NO. : 641185-280

CUSTOMER NO: 5052101

CUSTOMER: Ms. Terri Alberhasky

First Data Corporation 2121 North 117th Avenue

Omaha, NE 68164-3600

CHANGE OF AGENT

INTEGRATED PAYMENT SYSTEMS

INC. Name Availability PLEASE RETURN THE EXCLLOWI PROOF OF FILING:

CERTIFIED COPT

NAME:

PLAIN STAMPED COPY

CONTACT PERSON:

Verifyer

Acknowledgement Andrew Cumpe W.P. Verifyer

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections Florida Statutes, the undersigned corpo DELAWARE submits the following | oration organiz | ed under the laws of | the State of |
|--|--------------------|-------------------------|---------------|
| or registered agent, or both, in the Sta | | | F OEC |
| 1a. The name of the corporation is: | | | |
| | | | |
| 1b. Date of incorporation: 11/9/89 | | Document number_ | 위로 가 |
| in Fla 11-5-91 2. The name and address of the curre C T CORPORATION SYSTEM | ent registered a | agent and office: | DA S |
| 1200 SO. PINE ISLAND DRIVE PLA | NTATION | FL | 33324 |
| 3. The name and address of the new (P.O. Box Not Acceptable) | | nt and office: | |
| CORPORATION SERVICE COMPANY | | | |
| 1201 Hays Street, Tallahassee, Florida 32301 | _ | | |
| | | | |
| The street address of its registered age | | eet address of the bus | siness office |
| of its registered agent as changed will | be identical. | | |
| Such change was authorized by resolu an officer so authorized by the board. | tion duly adop | ted by its board of dir | ectors or by |
| 16 1871/11 | Kimberl Secreta | y S. Patmore ry | |
| SIGNATURE | Туре | d or printed name and | d title |
| Dec. 10, 1997 | | | |
| DATE | | | • |
| HAVING BEEN NAMED AS REGISTERI | ED AGENT AN | D TO ACCEPT SERVE | ICE OE |
| PROCESS FOR THE ABOVE STATED IN THIS CERTIFICATE, I HEREBY ACC | CORPORATIO | N AT THE PLACE DE | SIGNATED |
| AGENT AND AGREE TO ACT IN THIS | | | |
| WITH THE PROVISIONS OF ALL STA | | | |
| PLETE PERFORMANCE OF MY DUTIES THE OBLIGATION OF MY POSITION A | | | ACCEPT |
| THE OBLIGATION OF INT TOSITION A | | RPORATION SERVICE (| COMPANY |
| | SIGNATURE | By: Vicki, SCHREIBER | Lreiber |
| | | ASST VICE PRESIDENT | 4 41 444 |
| | | 17/77/07 | |