2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005
Secretary of State

DOCUMENT# P36201

Entity Name: INTEGRATED PAYMENT SYSTEMS INC.

Current Principal Place of Business:

6200 S QUEBEC STREET
GREENWOOD VILLAGE, CO 80111 US

New Principal Place of Business:

6200 S. QUEBEC STREET
GREENWOOD VILLAGE, CO 80111 US

Current Mailing Address:

6200 S. QUEBEC ST.
REGULATORY REPORTING SUITE 330
GREENWOOD VILLAGE, CO 80111 US

New Mailing Address:

FEI Number: 84-1128086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COYLE, ADAM P
Address: 6200 SOUTH QUEBEC STREET
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: DVTS ( ) Delete
Name: SCHEIRMAN, SCOTT T
Address: 12500 E. MT. BELFORD AVE.
City-St-Zip: ENGLEWOOD, CO 80112

Title: AS ( ) Delete
Name: CACHEY, JOSEPH III
Address: 6200 SOUTH QUEBEC STREET
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: AS ( ) Delete
Name: SKENE-STIMAC, PHYLLIS
Address: 6200 SOUTH QUEBEC STREET
City-St-Zip: GREENWOOD VILLAGE, CO 80111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: COYLE, ADAM P
Address: 12500 E. MT. BELFORD AVENUE
City-St-Zip: ENGLEWOOD, CO 80112

Title: D/VP (X) Change ( ) Addition
Name: SCHEIRMAN, SCOTT T
Address: 12500 E. MT. BELFORD AVE.
City-St-Zip: ENGLEWOOD, CO 80112

Title: S/T (X) Change ( ) Addition
Name: SCHEIRMAN, SCOTT T
Address: 12500 E. MT. BELFORD AVENUE
City-St-Zip: ENGLEWOOD, CO 80112

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS SKENE-STIMAC AS 02/28/2005
Electronic Signature of Signing Officer or Director Date