2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36201

Entity Name: INTEGRATED PAYMENT SYSTEMS INC.

FILED Apr 20, 2007 Secretary of State

| Current Principal Place of Business: | | | New Princip | New Principal Place of Business: | | |
|---|--|--|--|---|--|------------|
| 6200 S. QUEBEC STREET GREENWOOD VILLAGE, CO 80111 US Current Mailing Address: 6200 S. QUEBEC ST. REGULATORY REPORTING SUITE 240 GREENWOOD VILLAGE, CO 80111 US | | | | 12500 E BELFORD AVENUE ENGLEWOOD, CO 80112 US | | |
| | | | New Mailing Address: 6200 S. QUEBEC ST. REGULATORY REPORTING SUITE 260A GREENWOOD VILLAGE, CO 80111 US | | | |
| | | | | | | FEI Number |
| Name and | d Address of (| Current Registered Agent: | Name and A | ddress of New Registered Agent: | | |
| 1201 HAYS TALLAHAS The above | S STREET SSEE, FL 323 | | e purpose of changing its | registered office or registered agent, or both, | | |
| SIGNATUI | RE: | | | | | |
| | | nic Signature of Registered A | gent | Date | | |
| Election Ca | | ng Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | | |
| Title: Name: Address: City-St-Zip: | ESCH, RODNE | FORD AVENUE | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | D/VP (MADSEN, JAN 6855 PACIFIC OMAHA, NE 6 | STREET | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | T (MADSEN, JAN 6855 PACIFIC OMAHA, NE 6 | STREET | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | AYRES, NICOI 6200 SOUTH (|) Delete LE M QUEBEC STREET) VILLAGE, CO 80111 | Name: E Address: 6 | AS (X) Change () Addition BOOM, DANA W B200 SOUTH QUEBEC STREET BREENWOOD VILLAGE, CO 80111 | | |
| Title: Name: Address: | S (MADSEN, JAN 6855 PACIFIC | | Title: Name: Address: | () Change () Addition | | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: DANA BOOM AS 04/20/2007

OMAHA, NE 68106

City-St-Zip: