

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36201

FILED  
Apr 07, 2011  
Secretary of State

**Entity Name:** INTEGRATED PAYMENT SYSTEMS INC.

**Current Principal Place of Business:**

6200 S QUEBEC STREET  
GREENWOOD VILLAGE, CO 8111 US

**New Principal Place of Business:**

**Current Mailing Address:**

6200 S. QUEBEC ST.  
GREENWOOD VILLAGE, CO 80111 US

**New Mailing Address:**

6200 S. QUEBEC ST.  
SUITE 420B  
GREENWOOD VILLAGE, CO 80111 US

**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

**OFFICERS AND DIRECTORS:**

**Title:** PSD  
**Name:** PUTMAN, MARK  
**Address:** 7000 GOODLETT FARMS PKWY  
**City-St-Zip:** CORDOVA, TN 38016

**Title:** T/D  
**Name:** JACOBS, MICHEAL A  
**Address:** 6200 S QUEBEC STREET  
**City-St-Zip:** GREENWOOD VILLAGE, CO 80111

**Title:** D  
**Name:** ESCH, RODNEY J  
**Address:** 6200 SOUTH QUEBEC STREET  
**City-St-Zip:** GREENWOOD VILLAGE, CO 80111

**Title:** AS  
**Name:** BOOM, DANA W  
**Address:** 6200 S QUEBEC STREET  
**City-St-Zip:** GREENWOOD VILLAGE, CO 80111

I hereby 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 all other like empowered.

**SIGNATURE:** DANA W. BOOM

A/S

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date