FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P92000000017 (3)**

1. Corporation Name

PAYMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
3030 N ROCKY POINT DR W SUITE 670 TAMPA FL 33607	3030 N ROCKY POINT DR W SUITE 670 TAMPA FL 33607

3. Date Incorporated or Qualified: **10/27/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-3151030** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RABB, HARRY H
3030 N. ROCKY PT DR W
SUITE 670
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of new registered agent, and title, if applicable) (NOTE: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DECOTIIS, ALLEN R		1.2 NAME	
STREET ADDRESS	3030 N ROCKY POINT DR W SUITE 670		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LIPPNER, WILLIAM		2.2 NAME	
STREET ADDRESS	SUITE 670 3030 N ROCKY PT DR W		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, LAWRENCE D		3.2 NAME	
STREET ADDRESS	2 PICKWICK PLAZA		3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, LAWRENCE		4.2 NAME	
STREET ADDRESS	SUITE 670 3030 N ROCKY PT DR W		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HEALEY, PATRICK		5.2 NAME	
STREET ADDRESS	SUITE 670 3030 N ROCKY PT DR W		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harry E Rabb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96
Date

813-287-2724
Daytime Phone #