

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90047 021 \*\*\*150.00

**DOCUMENT # P92000000017**

1. Entity Name  
**PAYMENT SYSTEMS, INC.**

Principal Place of Business

4301 ANCHOR PLAZA PKWY  
 STE 300  
 TAMPA FL 33634  
 US

Mailing Address

4301 ANCHOR PLAZA PKWY  
 STE 300  
 TAMPA FL 33634  
 US

2. Principal Place of Business

*Suite*  
**The Orion Center, 380**

3. Mailing Address

**Same as #2**

Suite, Apt. #, etc.

**3001 North Rocky Point Dr. E.**

Suite, Apt. #, etc.

City & State

**Tampa, FL**

Zip

Country

**33602 USA**

Zip

Country

4. FEI Number **59-3151030**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FURR, CYNTHIA M**  
 4301 ANCHOR PLAZA PKWY  
 STE 300  
 TAMPA FL 33634

Name

**Katherine A. Slater**

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

**Orion Center, Suite 380**

**3001 North Rocky Point Drive East**

City

**Tampa**

FL

Zip Code

**33607**

8. 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 *Katherine A. Slater*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**VP of Consumer Affs 4-16-2001**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MIGLIARA, JOSEPH 4301 ANCHOR PLAZA PKWY STE 300 TAMPA FL 33634	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LIPPNER, WILLIAM 4301 ANCHOR PLAZA PKWY STE 300 TAMPA FL 33634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV HEALEY, PATRICK 4301 ANCHOR PLAZA PKWY STE 300 TAMPA FL 33634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWALES, ROGER 4301 ANCHOR PLAZA PKWY STE 300 TAMPA FL 33634	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FURR, CYNTHIA 4301 ANCHOR PLAZA PKWY STE 300 TAMPA FL 33634	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORMAN, DAVE 4301 ANCHOR PLAZA PKWY STE 300 TAMPA FL 33634	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - North America Ken Freeman 2 Pickwick Plaza Greenwich, CT 06830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1FO WorldGroup CFO James Wagner Same as above	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	North American CFO Michael Tsavaris Same as above	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1FO WorldGroup Controller Veronica Smith 2700 Oregon Road Northwood, OH 43619	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Patrick Healy* 4-5-01

Date

Daytime Phone #

CR2E034 (10/00)