DOCUMENT #

1. Entity Name

P9200000017

PAYMEN	IT SYSTEMS, INC.			F	07-23-2002 903	323 036 ****33	0.00	
Principal Plac	ce of Business	Mailing Address	··· ·					
THE ORION CENTER SUITE 380 3001 NORTH ROCKY POINT DR E TAMPA FL 33602 US		THE ORION CENTER SUITE 380 3001 NORTH ROCKY POINT OR E TAMPA FL 33802 US			1			
2. Principal Place of Business 3. Mailing Address 2700 Orea			1.7.1					
Suite, Apt		2700 Oregon Rd. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta		City & State		1	FEI Number		plied For	
Tampa Florida		Northword, OH		7-	59-3151030		t Applicable	
zip33	634 Country USA	^{Zip} 43619	Country	5.	Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current R			. 7. 1	Name and Address of New Regist	ered Agent		
CORPORATION OFFICE COMPANY			Name.	Name .				
CORPORATION SERVICE COMPANY 1201 HAYS STREET			Street /	Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301						 -		
***************************************	00LL 1 L 32001		City	•	· · · · · · · · · · · · · · · · · · ·			
The above the obligat	named entity submits this statement for titions of registered agent.	the purpose of changing its re	egistered office o	or registered ag	ent, or both, in the State of Florida.	I am familiar with,	and accept	
	CONTRACTO OH SER							
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE:	Registered Agent signa	ture required when re	einstating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW After September 1 Make Check Paya				oe \$750.00	Election Campaign Financin Trust Fund Contribution.	~ _ Ψ0.0	O May Be to Fees	
11.	OFFICERS AND D	IRECTORS	12.	AD	I DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11	
TITLE	P	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME . STREET ADDRESS .	FREEMAN, KEN 2 PICKWICK PLAZA		NAME STREET ADDRESS					
CITY-ST-ZIP	GREENWICH CT 06830		CITY-ST-ZIP					
TITLE NAME	-DV Lippner, William	☐ Delete	TITLE NAME	DV Lioner.	william	Change	Addition	
STREET ADDRESS				2 Acku	William vick Plaza			
CITY-ST-ZIP	TAMPA FL 33634	ني.	CITY-ST-ZIP	Green	wich CT 06830		ĺ	
TITLE.	DTV	. Delete	TITLE	DT-V	and the second control of the second control	Change	Addition	
NAME HEALEY, PATRICK STREET ADDRESS 4301 ANCHOR PLAZA PKWY STE 300			NAME STREET ADDRESS	Healy, 1	Patrick			
CITY-ST-ZIP	TAMPA FL 33634		CITY-ST-ZIP	Careen	ick Plaza with CT 06830			
TITLE	CFO CFO	☐ Delete	TITLE	<u> </u>	WILM DE OUBJO	☐ Change	Addition	
NAME STREET ADDRESS	WAGNER, JAMES		NAME			•		
STREET ADDRESS	2 PICKWICK PLAZA		STREET ADDRESS	Ī				

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

GREENWICH CT 06830

TSAVARIS, MICHAEL

2 PICKWICK PLAZA

SMITH, VERONICA

2700 OREGON ROAD

NORTHWOOD OH 43619

WGC

GREENWICH CT 06830

☐ Delete

☐ Defete

(419)725-8569

☐ Change

☐ Change

■ Addition

Addition