FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S97418**

SAN DIEGO CA

REPH, GLENN A

BIRGE, H JACK

SAN DIEGO CA

8787 COMPLEX DRIVE

SAN DIEGO CA 92123

8787 COMPLEX DRIVE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

T/TLE

NAME

1. Corporation Name

ELECTI	RONIC PROCESSING, INC.							
Principal Place of Business Mailing Address				· ·····	I IBANIBIS na nam naan araan maan	(11 11	FB11 WIBIT DIBIT	
8787 COMPLEX DRIVE 8787 COMPLEX DRIVE SAN DIEGO CA 92123 SAN DIEGO CA 92123					DO NOT WRITE IN THIS SPACE			
		•			3. Date Incorporated or Qualifed 12/01/1991			
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number 59-3097436		Applie Not Ap	d For pplicabl
Suite, Ap	vt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	9	8:75 -Addi Fee Requii	
City & St	ate	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Ma Added to F	•
Zip	Country	Zip 30	Country		This corporation owes the curren Personal Property Tax.		ble Yes 🔲	No
9. Name and Address of Current Registered Agent					10. Name and Address of New Reg	gistered Age	nt	
PHILLIPS, GEORGE W., ESQ. 14502 N. DALE MABRY				Name Street Add	ress (P.O. Box Number is Not Acceptable	e)		
STE 200 17 (10 10 10 10 10 10 10 10 10 10 10 10 10 1			83					
TAMPA FL 33618 1 (41) 4 / 2			84	City	,	FL	5 Zip Cod	e
office or	nt to the provisions of Sections 607.05 r registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change was autho	orizea ov	tne comorau	poration submits this statement for the pulion's board of directors. I hereby accept t	rpose of cha he appointme	nging its reg ent as regist	istered ered
SIGNATUR	Signature, typed or printed name of registered ag	ont and title if nonlinable (NOTE: Ren	istered Ager	t sionature requife	ed when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS			. Digitator b Toq	ADDITIONS/CHANGES TO OFFIC	CERS AND D	IRECTORS	IN 12
TITLE	PD	☐ DELETE	13. 1.1 TITLE				Change [☐ Additi
NAME MILLER, HAROLD. H.			1.2 NAME					
STREET ADDRESS 8787 COMPLEX DRIVE			1.3 STREE	ADDRESS				

DELETE

☐ DELETE

☐ Change ☐ Addition ☐ DELETE 4.1 TITLE CEOD TITLE NAME LEIBOWITZ, MARK S 4.2 NAME 8787 COMPLEX DRIVE 4.3 STREET ADDRESS STREET ADDRESS SAN DIEGO CA 92123 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE CFO TITLE DYER, MARIE 5.2 NAME NAME 8787 COMPLEX DRIVE 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP SAN DIEGO CA CITY-ST-ZIP 🖧 6.1 TITLE Addition DELETE ☐ Change TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-7/P CITY-ST-ZIP

1.4 CITY-ST-ZIP

2.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

3.1 TITLE

3.2 NAME

14. 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 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, with all other like empowered.

SIGNATURE:

FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90076 043 ***150.00

CR2E034 (11/98)

☐ Addition

Addition

Addition

Applied For Not Applicable

☐ Change

☐ Change