

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # S97418

1. Corporation Name

ELECTRONIC PROCESSING, INC.

FILED  
00 NOV -9 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
8787 ~~COMPLEX DRIVE~~ 8787 COMPLEX DRIVE  
SAN DIEGO CA 92123 SAN DIEGO CA 92123

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
8787 Complex Drive  
Suite, Apt. #, etc.  
Third Floor  
City & State  
Zip  
Country

3. New Mailing Office Address, If Applicable  
c/o Universal Savings  
Bank, Apt. #, Etc.  
A. Legal Dept.  
754 N. Fourth Street  
City & State  
Milwaukee, WI  
Zip  
Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida  
12/01/1991

5. FEI Number  
59-3097436  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
1	2	3	4
PD	MILLER, HAROLD. H.	8787 COMPLEX DRIVE	SAN DIEGO CA
VP	BIRGE, H JACK-	8787 COMPLEX DRIVE	SAN DIEGO CA
GEOD	LEIBOWITZ, MARK S	8787 COMPLEX DRIVE	SAN DIEGO CA 92123
CFO	DYER, MARIE	8787 COMPLEX DRIVE	SAN DIEGO CA
D	KENNETH W. BIEL	754 N. 4TH STREET	MILWAUKEE, WI 53203
D	THOMAS V. ANDERSON	13072 TYLER STREET	CROWN POINT, IN 46307

8. Name and Address of Current Registered Agent  
PHILLIPS, GEORGE W., ESQ.  
14502 N. DALE MABRY  
STE 200  
TAMPA FL 33618

9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State  
Zip Code

CT Corporation System  
1200 South Pine Island Rd  
Plantation  
FL 33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Francis P. Regan  
Assistant Secretary Date 11/08/2000

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: KENNETH W. BIEL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/00 414-297-4702  
Date Daytime Phone #