No. **C 102000**	**Due no later than May 31, 2017** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** INTEGRATED PAYMENT SYSTEMS INC. BARBARA C SHARPE 5565 GLENRIDGE CONNECTOR NE STE 2000 ATLANTA GA 30342	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	HOWARD TAL CLARK	5565 GLENRIDGE CONNECTOR NE	ATLANTA	GA	USA	30342
SECRETARY	FRANCISCO LAZARDI	5565 GLENRIDGE CONNECTOR NE SUITE 2000	ATLANTA	GA	USA	30342
DIRECTOR	RODNEY J ESCH	2 SHORE PINE	LITTLETON	CO	USA	80111
TREASURER	FRANCISCO LAZARDI	5565 GLENRIDGE CONNECTOR NE	ATLANTA	GA	USA	30342
DIRECTOR	FRANCISCO LAZARDI	5565 GLENRIDGE CONNECTOR, NE	ATLANTA	GA	USA	30342

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
DE **C 102000**	Signature: Francisco Lazardi	Date: 05/03/2017
	Name (type or print): Francisco Lazardi	Title: Secretary

Processed 05/03/2017

* Electronically provided signatures are accepted as original signatures.