

ISSUED: 07-05-1994

| No. 102000 <b>102000</b>                                                                                                                                                                                           | <b>Idaho Corporation Annual Report Form</b>                            |                                                                                                                                                                                                                                                                                                                                                                                                      | <b>2. Registered Agent and Office</b>                        |     |            |                        |                            |          |                         |                   |                     |           |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----|------------|------------------------|----------------------------|----------|-------------------------|-------------------|---------------------|-----------|--|--|
| Return To                                                                                                                                                                                                          | Due No Later Than November <b>1994</b>                                 |                                                                                                                                                                                                                                                                                                                                                                                                      | C T CORPORATION SYSTEM                                       |     |            |                        |                            |          |                         |                   |                     |           |  |  |
| Secretary of State<br>Room 203, Statehouse<br>P.O. BOX 83720<br>Boise, ID 83720-0080                                                                                                                               | INTEGRATED PAYMENT SYSTEMS INC.<br>TAX DEPARTMENT<br>11718 NICHOLAS ST |                                                                                                                                                                                                                                                                                                                                                                                                      | 300 N 6TH ST<br><br>BOISE ID 83701                           |     |            |                        |                            |          |                         |                   |                     |           |  |  |
| * FIRST NOTICE *<br>NO FEE REQUIRED                                                                                                                                                                                | BOYAH NE 68154                                                         |                                                                                                                                                                                                                                                                                                                                                                                                      | <b>3. Incorporated Under The Laws</b><br>of DE<br>NO: 102000 |     |            |                        |                            |          |                         |                   |                     |           |  |  |
| <b>4. Names and Addresses of Officers and Directors</b>                                                                                                                                                            |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |     |            |                        |                            |          |                         |                   |                     |           |  |  |
| <table border="0"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td colspan="5">SEE ATTACHED LIST</td> </tr> </tbody> </table> |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |     | Name       | Street or P.O. Address | City                       | State    | Zip                     | SEE ATTACHED LIST |                     |           |  |  |
| Name                                                                                                                                                                                                               | Street or P.O. Address                                                 | City                                                                                                                                                                                                                                                                                                                                                                                                 | State                                                        | Zip |            |                        |                            |          |                         |                   |                     |           |  |  |
| SEE ATTACHED LIST                                                                                                                                                                                                  |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |     |            |                        |                            |          |                         |                   |                     |           |  |  |
| <table border="0"> <tr> <td>President:</td> <td></td> </tr> <tr> <td>Secretary:</td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> </tr> </table>                                                             |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |     | President: |                        | Secretary:                 |          | Directors:              |                   |                     |           |  |  |
| President:                                                                                                                                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |     |            |                        |                            |          |                         |                   |                     |           |  |  |
| Secretary:                                                                                                                                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |     |            |                        |                            |          |                         |                   |                     |           |  |  |
| Directors:                                                                                                                                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |     |            |                        |                            |          |                         |                   |                     |           |  |  |
| <b>5. Nature of Business</b> MANAGES<br>PAYMENT INSTRUMENTS AND<br>PROVIDES CASH CONCENTRATED AND<br>DISBURSEMENT SERVICES.                                                                                        |                                                                        | <b>6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.</b><br><table border="0"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td><i>Kimberly S. Patmore</i></td> <td>10/26/94</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>KIMBERLY S. PATMORE</td> <td>SECRETARY</td> </tr> </table> |                                                              |     | Signature  | Date                   | <i>Kimberly S. Patmore</i> | 10/26/94 | Name (Typed or Printed) | Title             | KIMBERLY S. PATMORE | SECRETARY |  |  |
| Signature                                                                                                                                                                                                          | Date                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |     |            |                        |                            |          |                         |                   |                     |           |  |  |
| <i>Kimberly S. Patmore</i>                                                                                                                                                                                         | 10/26/94                                                               |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |     |            |                        |                            |          |                         |                   |                     |           |  |  |
| Name (Typed or Printed)                                                                                                                                                                                            | Title                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |     |            |                        |                            |          |                         |                   |                     |           |  |  |
| KIMBERLY S. PATMORE                                                                                                                                                                                                | SECRETARY                                                              |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |     |            |                        |                            |          |                         |                   |                     |           |  |  |

14-Jun-94

## INTEGRATED PAYMENT SYSTEMS INC.

## OFFICERS AND DIRECTORS

| OFFICERS | TITLE | BUSINESS ADDRESS |
|----------|-------|------------------|
|----------|-------|------------------|

CHARLES W. BROOKS

PRESIDENT

MILLENIUM BUILDING  
6200 S. QUEBEC  
ENGLEWOOD, CO 80111

GEORGE D. McNARY

VICE PRESIDENT/  
RETAIL SERVICESMILLENIUM BUILDING  
6200 S. QUEBEC  
ENGLEWOOD, CO 80111

JACK W. CALABRESE

SR. VICE PRESIDENT/  
OPERATIONSMILLENIUM BUILDING  
6200 S. QUEBEC  
ENGLEWOOD, CO 80111

WILLIAM E. ANUSZEWSKI

VICE PRESIDENT/FINANCE  
TRES./ASSIST. SECTRY.MILLENIUM BUILDING  
6200 S. QUEBEC  
ENGLEWOOD, CO 80111

KIMBERLY S. PATMORE

VICE PRESIDENT  
SECRETARY/CONTROLLERMILLENIUM BUILDING  
6200 S. QUEBEC  
ENGLEWOOD, CO 80111

| DIRECTORS |
|-----------|
|-----------|

CHARLES W. BROOKS

MILLENIUM BUILDING  
6200 S. QUEBEC  
ENGLEWOOD, CO 80111

KIMBERLY S. PATMORE

MILLENIUM BUILDING  
6200 S. QUEBEC  
ENGLEWOOD, CO 80111

ROBERT E. KUHNEMUND

MILLENIUM BUILDING  
6200 S. QUEBEC  
ENGLEWOOD, CO 80111