



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 139019		2. Exact name of the limited liability company PAYPOINT ELECTRONIC PAYMENT SYSTEMS LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Process PIN-based debit transactions and electronic payments			
5. Principal office address 6200 South Quebec Street			City Greenwood Village	State CO	Zip 80111-4729
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Cheryl Cummins			Contact Title Regulatory Compliance Analyst		
Street Address 6200 South Quebec Street, Ste 240			City Greenwood Village	State CO	Zip 80111-4729
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CORPORATION SERVICE COMPANY			Address 222 JEFFERSON BOULEVARD, SUITE 200		
Address			City WARWICK	Zip 02888-	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 3 9 0 1 9

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

N. Ayres 9/6/2005
Signature of Authorized Person Date
Nicole Ayres, Assistant Secretary of Member, First Data Voice Services
Print or Type Name of Authorized Person

139019 FLLC 09/06/05 03:34:26 PM
File Date 9/12/05
Check No. 10092543
By DA
FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No: 81582
 2. Name of Corporation: PAYPOINT ELECTRONIC PAYMENT SYSTEMS, INC.
 3. Street Address Principal Business Office: 12500 E MT BELFORD AVENUE, M23A6
 City: ENGLEWOOD State: CO Zip: 80112-5939
 4. Business Phone No: 7203325188
 5. State of Incorporation: DELAWARE
 6. SIC Code: 7880
 7. Brief Description of the Character of Business Conducted in Rhode Island: SALES & DISTRIBUTION OF ELECTRONIC PRODUCTS

8. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Scott H. Betts			Vice President Name Jeffrey R. Billat		
Street Address 6200 South Quebec Street			Street Address 6200 South Quebec Street		
City Greenwood Village	State CO	Zip 80111	City Greenwood Village	State CO	Zip 80111
Secretary Name Michael T. Whealy			Treasurer Name Gregory Hilbrich		
Street Address 10825 Old Mill Road			Street Address 6200 South Quebec Street		
City Omaha	State NE	Zip 68154	City Greenwood Village	State CO	Zip 80111

9. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Scott H. Betts			Director Name Michael T. Whealy		
Street Address 6200 South Quebec Street			Street Address 6200 South Quebec Street		
City Greenwood Village	State CO	Zip 80111	City Greenwood Village	State CO	Zip 80111
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED (X) BOX FOR ATTACHMENT () SHARES ISSUED (X) BOX FOR ATTACHMENT ()

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM	\$100.00 PAR VALUE		100	Common	100.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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81582 FBC 03/24/04 02:55:58 PM
 File Date: **FILED**
 Check No: **MAR 26 2004**
 By: *[Signature]*
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Phyllis Skene Stimac 3-24-04
 Signature of Officer Date
 Phyllis Skene-Stimac - Asst. Secretary
 Print or Type Name of Officer
 Paypoint Electronic Payment Systems Inc. n/w/ Paypoint Electronic Payment Systems, LLC
 Title of Officer