

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000041098

FILED
Jun 15, 2009
Secretary of State

Entity Name: NET 1 UEPS TECHNOLOGIES, INC.

Current Principal Place of Business:

PRESIDENT PLACE
FOURTH FLOOR CNR. JAN SMUTS & BOLTON
JOHANNESBURG, SA 2196 SA

New Principal Place of Business:

Current Mailing Address:

PRESIDENT PLACE
4TH FLR. CNR. JANS SMUTS AVE & BOLTON RD
ROSEBANK, JOHANNESBURG, SA, SA 2196 SA

New Mailing Address:

PO BOX 2424
PARKLANDS, SOUTH AFRICA, SA 2121 SA

FEI Number: 98-0171860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEYER, DAVID A
C/O DLA PIPER US LLP
100 NORTH TAMPA STREET, SUITE 2200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BALL, CHARLES A
Address: 9 FRICKER ROAD
City-St-Zip: ILLOVO, SA 2196 SA

Title: CD () Delete
Name: BELAMANT, SERGE
Address: 4TH FLOOR NORTH WING, PRESIDENT PLACE
City-St-Zip: ROSEBANK, JOHANNESBURG, SA SA

Title: D () Delete
Name: PEIN, ALASDAIR J
Address: SOUTHERN CROSS CAPITAL LIMITED, 1
City-St-Zip: CHARTERHOUSE ST. LONDON, EN ED1N 6SA EN

Title: DTF () Delete
Name: KOTZE, HERMAN G
Address: 4TH FLOOR N WING PRESIDENT PL
City-St-Zip: ROSEBANK, JOHANNESBURG, SA SA

Title: D () Delete
Name: WENDELSTADT, FLORIAN P
Address: 83 PALL MALL
City-St-Zip: LONDON, EN SW1Y 5 ES EN

Title: D () Delete
Name: SEABROOKE, CHISTOPHER S
Address: 4 COMMERCE SQUARE 39 RIVONIA RD
City-St-Zip: SANDHURST, SANDTON, SA 2196 SA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TINSLEY, TOM
Address: 2401 PENNSYLVANIA AVENUE NW SUITE 480
City-St-Zip: WASHINGTON, DC 20037 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERMAN KOTZE

CFO

06/15/2009

Electronic Signature of Signing Officer or Director

Date