2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041098

1. Entity Name

NET 1 UEPS TECHNOLOGIES, INC.

FILED

00 SEP 26 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O ATLAS PEARLMAN TROP & BORKSON PA 200 EAST LAS OLAS BLVD SUITE 1900 FORT LAUDERDALE FL 33301	C/O ATLAS PEARLMAN TROP & BORKSON PA 200 EAST LAS OLAS BLVD SUITE 1900 FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHNEIDER, JAMES M ESQ C/O ATLAS PEARLMAN TROP & BORKSON PA 200 EAST LAS OLAS BLVD SUITE 1900 FORT LAUDERDALE FL 33301 (note address → change)	Name Schneider, James M., Esq Street Address (P.O. Box Number is Not Acceptable) c/o Atlas Pearlman, P.A. Suite 1700, 350 East Las Olas Blvd. City Fort Lauderdale FL Zip Code 33301

8. 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $760.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUERARD, CLAUDE 92447 ISSY LES MOULWEAUZ CEDEX, FRANCE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUERARD, CLAUDE 20 AVENUE POZZO DI BORGO 92210 SAINT-CLOUD FRANCE ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELAMANT, SERGE 4TH FLOOR NORTH WING, PRESIDENT PLACE ROSEBANK, JOHANNESBURG	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/D ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S Anthony, David 700 W. Pender Street, Suite 507 Vancouver, British Columbia Canada V6C ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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****550.00 ****550.00

CR2E034 (5/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C SGUERARD [signature] 8/21/2000 (33) 607502928 (33) 146026140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #