

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003598

FILED  
May 02, 2011  
Secretary of State

**Entity Name:** PAI MERCHANT SERVICES, INC.

**Current Principal Place of Business:**

1665 PALM BEACH LAKES BLVD.  
SUITE 200  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

11857 COMMONWEALTH DRIVE  
LOUISVILLE, KY 40299

**New Mailing Address:**

6060 DUTCHMANS LANE  
SUITE 320  
LOUISVILLE, KY 402052377

FEI Number: 65-0898191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAUTTER, C. CHRISTIAN ESQ.  
2900 EAST OAKLAND PARK BLVD., STE. 200  
FORT LAUDERDALE, FL 33306 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: LEEHY, JOHN J III  
Address: 6060 DUTCHMANS LANE, SUITE 320  
City-St-Zip: LOUISVILLE, KY 402052377

Title: CFO  
Name: KOZAL, DAVID  
Address: 6060 DUTCHMANS LANE, SUITE 320  
City-St-Zip: LOUISVILLE, KY 402052377

Title: COO  
Name: SAHRMANN, GREGORY W  
Address: 6060 DUTCHMANS LANE, SUITE 320  
City-St-Zip: LOUISVILLE, KY 402052377 US

Title: DIR  
Name: BLAKEY, BILL  
Address: 6060 DUTCHMANS LANE, SUITE 320  
City-St-Zip: LOUISVILLE, KY 402052377

I hereby 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 all other like empowered.

SIGNATURE: DAVID J. KOZAL

CFO

05/02/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date