


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90056 041 ***150.00

DOCUMENT # F0500006273

1. Entity Name
MERCHANT ESOLUTIONS, INC.



Principal Place of Business Mailing Address
3400 BRIDGE PARKWAY **3400 BRIDGE PARKWAY**
REDWOOD CITY, CA 94065 **REDWOOD CITY, CA 94065**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01092006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
94-3346153 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 |
|--|--|
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City |
| | State Zip Code FL |

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|------------------------------------|---|---|
| TITLE | C <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIXON, DONALD | NAME | |
| STREET ADDRESS | 3400 BRIDGE PARKWAY | STREET ADDRESS | |
| CITY-ST-ZIP | REDWOOD CITY, CA 94065 | CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAYYARI, SHARIF | NAME | |
| STREET ADDRESS | 3400 BRIDGE PARKWAY | STREET ADDRESS | |
| CITY-ST-ZIP | REDWOOD CITY, CA 94065 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAILEY, TOM | NAME | |
| STREET ADDRESS | 3400 BRIDGE PARKWAY | STREET ADDRESS | |
| CITY-ST-ZIP | REDWOOD CITY, CA 94065 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JONES, JAMES | NAME | |
| STREET ADDRESS | 3400 BRIDGE PARKWAY | STREET ADDRESS | |
| CITY-ST-ZIP | REDWOOD CITY, CA 94065 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AWILES, JAMES | NAME | |
| STREET ADDRESS | 3400 BRIDGE PARKWAY | STREET ADDRESS | |
| CITY-ST-ZIP | REDWOOD CITY, CA 94065 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARSHALL, CHRISTOPHER | NAME | |
| STREET ADDRESS | 3400 BRIDGE PARKWAY | STREET ADDRESS | |
| CITY-ST-ZIP | REDWOOD CITY, CA 94065 | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J KELLY JR CFO Date: 1/9/06 Daytime Phone #: 650 628 6828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR