


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000006328

1. Entity Name
FSV PAYMENT SYSTEMS, INC.



Principal Place of Business Mailing Address

15710 JFK BLVD SUITE 500 15710 JFK BLVD SUITE 500
HOUSTON, TX 77032 HOUSTON, TX 77032

DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-1668501 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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, 2008 Fee will be \$550.00

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

U00000829010
02/26/08-80024-014 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------------|
| TITLE | CEOD |
| NAME | PALMER, JONATHAN |
| STREET ADDRESS | 15710 JFK BLVD SUITE 500 |
| CITY-ST-ZIP | HOUSTON, TX 77032 |
| TITLE | D |
| NAME | MEDICI, FRANK |
| STREET ADDRESS | 475 STEAMBOAT ROAD |
| CITY-ST-ZIP | GREENWICH, CT 06870 |
| TITLE | D |
| NAME | TOINTON, ROBERT |
| STREET ADDRESS | 822 7TH ST SUITE 700 BANK ONE PLAZA |
| CITY-ST-ZIP | GREELEY, CO 80632 |
| TITLE | D |
| NAME | HAYS, DUANE |
| STREET ADDRESS | 705 CRESTFIELD GROVE |
| CITY-ST-ZIP | COLORADO SPRINGS, CO 80906 |
| TITLE | S |
| NAME | MCKERNAN, BETSY |
| STREET ADDRESS | 15710 JFK BLVD SUITE 500 |
| CITY-ST-ZIP | HOUSTON, TX 77032 |
| TITLE | D |
| NAME | MAHONE, WILLIAM |
| STREET ADDRESS | 475 STEAMBOAT ROAD |
| CITY-ST-ZIP | GREENWICH, CT 06870 |

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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: Betsy Mckernan 2/8/08 832016515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #