2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# P14991

Entity Name: TRAVELEX CURRENCY SERVICES INC.

Current Principal Place of Business:

2121 NORTH 117 AVE.
SUITE 300
NEBRASKA, NE 68164 US

New Principal Place of Business:

Current Mailing Address:

TRAVELEX CANADA LTD,
100 YONGE ST.14TH FL
TORONTO ONTARIO M5C 2W1, ON 00000 XX

New Mailing Address:

FEI Number: 13-3173586 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T/D ( ) Delete
Name: VERASAMY, RICHARD
Address: 100 YONGE STREET 14TH FLOOR
City-St-Zip: TORONTO ON, CN M5C 2W1

Title: P/D ( ) Delete
Name: AMBROSE, MIKE
Address: 2121 NORTH 117 AVE
City-St-Zip: OMAHA, NE 68164

Title: D ( ) Delete
Name: DARIO, JON
Address: 29 BROADWAY, 1ST FLOOR
City-St-Zip: NEW YORK, NY 10006

Title: D ( ) Delete
Name: SOARES, CATHY
Address: 100 YONGE STREET, SCOTIA PLAZA 15TH FLOOR
City-St-Zip: TORONTO, ON M5C2W1

Title: S ( ) Delete
Name: CROSS, CYNTHIA
Address: 100 YONGE STREET, SCOTIA PLAZA, 15TH
City-St-Zip: TORONTO, ON M5C2W1

Title: D ( ) Delete
Name: RUSSELL, CHRISTOPHER
Address: 100 YONGE STREET, SCOTIA PLAZA, 15TH
City-St-Zip: TORONTO, ON M5C2W1

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T/D (X) Change ( ) Addition
Name: ADAMS, JUDITH
Address: 100 YONGE STREET 14TH FLOOR
City-St-Zip: TORONTO ON, CN M5C 2W1

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: ( ) 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: JUDITH ADAMS T 03/19/2009

Electronic Signature of Signing Officer or Director Date