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

DO NOT WRITE IN THIS SPACE

01222008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1668501
☐ Applied For
☐ 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 2/8/08 8328016515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #