2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F06000006328

Entity Name: FSV PAYMENT SYSTEMS, INC.

Current Principal Place of Business:

15710 JFK BLVD SUITE 500
HOUSTON, TX 77032

New Principal Place of Business:

Current Mailing Address:

15710 JFK BLVD SUITE 500
HOUSTON, TX 77032

New Mailing Address:

FEI Number: 20-1668501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: CEOD ( ) Delete
Name: PALMER, JONATHAN
Address: 15710 JFK BLVD SUITE 500
City-St-Zip: HOUSTON, TX 77032

Title: D ( ) Delete
Name: MEDICI, FRANK
Address: 475 STEAMBOAT ROAD
City-St-Zip: GREENWICH, CT 06870

Title: D ( ) Delete
Name: TOINTON, ROBERT
Address: 822 7TH ST SUITE 700 BANK ONE PLAZA
City-St-Zip: GREELEY, CO 80632

Title: D ( ) Delete
Name: HAYS, DUANE
Address: 705 CRESTFIELD GROVE
City-St-Zip: COLORADO SPRINGS, CO 80906

Title: S ( ) Delete
Name: MCKERNAN, BETSY
Address: 15710 JFK BLVD SUITE 500
City-St-Zip: HOUSTON, TX 77032

Title: D ( ) Delete
Name: MAHONE, WILLIAM
Address: 475 STEAMBOAT ROAD
City-St-Zip: GREENWICH, CT 06870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: BETSY MCKERNAN S 01/14/2009

Electronic Signature of Signing Officer or Director Date