2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S46171

Entity Name: ASSIST-CARD CORPORATION OF AMERICA

Current Principal Place of Business:

175 SW 7TH STREET SUITE 2401/2402 MIAMI, FL 33130 FILED
Apr 15, 2014
Secretary of State
CC7345636786

Current Mailing Address:

175 SW 7TH STREET SUITE 2401/2402 MIAMI, FL 33130 US

FEI Number: 13-2926290 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail:

8TH FLOOR

Title SECRETARY Title TREASURER

Name BRYAN, THOMAS A Name CHILDS, NIGEL FITZMAURICE

Address 399 PARK AVENUE Address 399 PARK AVENUE

8TH FLOOR

City-State-Zip: NEW YORK NY 10022 City-State-Zip: NEW YORK NY 10022

Title ASSISTANT VICE PRESIDENT Title DIRECTOR

Name DEGALA, DAVID Name KEGLEVICH, ALEXIA DIANA

Address 1000 WILSHIRE BLVD Address ASSIST-CARD BUILDING

SUITE 2200 ARIAS 3751 - C1430CRC

City-State-Zip: LOS ANGELES CA 90017 City-State-Zip: BUENOS AIRES BUENOS AIRES

Title PRESIDENT, DIRECTOR Title ASSISTANT SECRETARY

Name KITZMAN, ELEANOR Name MURRAY, JULIE

Address 399 PARK AVENUE, 8TH FLOOR Address 399 PARK AVENUE

8TH FLOOR

City-State-Zip: NEW YORK NY 10022

City-State-Zip: NEW YORK NY 10022

I hereby 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 all other like empowered.

SIGNATURE: JULIE MURRAY ASSISTANT SECRETARY 04/15/2014