

**2015 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**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 :**

|                 |                              |
|-----------------|------------------------------|
| Title           | SECRETARY                    |
| Name            | BRYAN, THOMAS A              |
| Address         | 399 PARK AVENUE<br>8TH FLOOR |
| City-State-Zip: | NEW YORK NY 10022            |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | ASSISTANT VICE PRESIDENT         |
| Name            | DEGALA, DAVID                    |
| Address         | 1000 WILSHIRE BLVD<br>SUITE 2200 |
| City-State-Zip: | LOS ANGELES CA 90017             |

|                 |   |
|-----------------|---|
| Title           | DIRECTOR                                      |
| Name            | STEFANI, CARLOS                               |
| Address         | ASSIST-CARD BUILDING<br>ARIAS 3751 - C1430CRG |
| City-State-Zip: | BUENOS AIRES                                  |

|                 |                              |
|-----------------|------------------------------|
| Title           | TREASURER                    |
| Name            | CHILDS, NIGEL FITZMAURICE    |
| Address         | 399 PARK AVENUE<br>8TH FLOOR |
| City-State-Zip: | NEW YORK NY 10022            |

|                 |   |
|-----------------|---|
| Title           | PRESIDENT, DIRECTOR                           |
| Name            | KEGLEVICH, ALEXIA DIANA                       |
| Address         | ASSIST-CARD BUILDING<br>ARIAS 3751 - C1430CRC |
| City-State-Zip: | BUENOS AIRES                                  |

|                 |                              |
|-----------------|------------------------------|
| Title           | ASSISTANT SECRETARY          |
| Name            | MURRAY, JULIE                |
| Address         | 399 PARK AVENUE<br>8TH FLOOR |
| 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** 04/12/2015

Electronic Signature of Signing Officer/Director Detail

Date