

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000005086

**Entity Name:** VANTIV INTEGRATED PAYMENTS, LLC**Current Principal Place of Business:**150 MERCURY VILLAGE DR  
DURANGO, CO 81301**Current Mailing Address:**150 MERCURY VILLAGE DR  
DURANGO, CO 81301**FEI Number:** 30-0604847**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name           TAYLOR, MATT  
Address        150 MERCURY VILLAGE DR  
City-State-Zip: DURANGO CO 81301

Title            CFO  
Name           HEIMBOUCH, MARK  
Address        8500 GOVERNORS HILL DRIVE  
City-State-Zip: SYMMES TOWNSHIP OH 45249

Title            SECRETARY  
Name           GREENE, NELSON  
Address        8500 GOVERNORS HILL DRIVE  
City-State-Zip: SYMMES TOWNSHIP OH 45249

Title            ASSISTANT SECRETARY  
Name           HUBER, JOHN  
Address        8500 GOVERNORS HILL DRIVE  
City-State-Zip: SYMMES TOWNSHIP OH 45249

Title            CONTROLLER  
Name           THOMPSON, CHRISTOPHER  
Address        8500 GOVERNORS HILL DRIVE  
City-State-Zip: SYMMES TOWNSHIP OH 45249

Title            TREASURER  
Name           COOPER, TIMOTHY  
Address        8500 GOVERNORS HILL DRIVE  
City-State-Zip: SYMMES TOWNSHIP OH 45249

Title            ASSISTANT SECRETARY  
Name           WARNER, JARED  
Address        8500 GOVERNORS HILL DRIVE  
City-State-Zip: SYMMES TOWNSHIP OH 45249

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JARED WARNER**ASSISTANT SECRETARY    04/05/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date