

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000003598

**Entity Name:** CLEARENT MERCHANT SERVICES, INC.

**FILED**  
**Apr 01, 2024**  
**Secretary of State**  
**9400812281CC**

**Current Principal Place of Business:**

11330 OLIVE BLVD.  
SUITE 200  
CREVE COEUR, MO 63141

**Current Mailing Address:**

11330 OLIVE BLVD.  
SUITE 200  
CREVE COEUR, MO 63141 US

**FEI Number: 65-0898191**

**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 DIRECTOR  
Name JOSEPH, PAMELA  
Address 11330 OLIVE BLVD.  
SUITE 200  
City-State-Zip: CREVE COEUR MO 63141

Title DIRECTOR  
Name LACHANCE, JUSTIN  
Address 11330 OLIVE BLVD.  
SUITE 200  
City-State-Zip: CREVE COEUR MO 63141

Title DIRECTOR  
Name LEONARD, RYAN  
Address 11330 OLIVE BLVD.  
SUITE 200  
City-State-Zip: CREVE COEUR MO 63141

Title PRESIDENT/CEO  
Name JOSEPH, PAMELA  
Address 11330 OLIVE BLVD.  
SUITE 200  
City-State-Zip: CREVE COEUR MO 63141

Title TREASURER  
Name LEONARD, RYAN  
Address 11330 OLIVE BLVD.  
SUITE 200  
City-State-Zip: CREVE COEUR MO 63141

Title CFO  
Name LACHANCE, JUSTIN  
Address 11330 OLIVE BLVD.  
SUITE 200  
City-State-Zip: CREVE COEUR MO 63141

Title SECRETARY  
Name KHVATSKAYA, OLGA  
Address 11330 OLIVE BLVD.  
SUITE 200  
City-State-Zip: CREVE COEUR MO 63141

Title ASSISTANT SECRETARY  
Name VEDDER, MELINDA  
Address 11330 OLIVE BLVD.  
SUITE 200  
City-State-Zip: CREVE COEUR MO 63141

*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: OLGA KHVATSKAYA**

**SECRETARY**

**04/01/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date