

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000007227

**Entity Name:** AMEX CARD SERVICES COMPANY

**Current Principal Place of Business:**

4315 SOUTH 2700 WEST  
SALT LAKE CITY, UT 84184

**Current Mailing Address:**

4315 SOUTH 2700 WEST  
SALT LAKE CITY, UT 84184 US

**FEI Number:** 20-0326283

**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            PRESIDENT, DIRECTOR  
Name            HIGGINS, JAMES  
Address        4315 SOUTH 2700 WEST  
City-State-Zip: SALT LAKE CITY UT 84184

Title            SECRETARY, TREASURER,  
                    DIRECTOR  
Name            POLIKOFF, IRA B  
Address        4315 SOUTH 2700 WEST  
City-State-Zip: SALT LAKE CITY UT 84184

Title            ASSISTANT SECRETARY  
Name            NOWAK, JOHN  
Address        4315 SOUTH 2700 WEST  
City-State-Zip: SALT LAKE CITY UT 84184

Title            DIRECTOR  
Name            GORGOL, ZYG  
Address        4315 SOUTH 2700 WEST  
City-State-Zip: SALT LAKE CITY UT 84184

*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:** JOHN NOWAK

**ASSISTANT SECRETARY    04/05/2014**

Electronic Signature of Signing Officer/Director Detail

Date