

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006328

Entity Name: FSV PAYMENT SYSTEMS, INC.**Current Principal Place of Business:**6410 SOUTHPOINT PKWY
SUITE 200
JACKSONVILLE, FL 32216**Current Mailing Address:**1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US**FEI Number:** 20-1668501**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:** JEANNE NELSON

04/17/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR & TREASURER
Name	MAJEED, ASIM K
Address	700 DEERFIELD RD
City-State-Zip:	DEERFIELD IL 60015

Title	EXECUTIVE VICE PRESIDENT
Name	POTRATZ, THOMAS R
Address	6410 SOUTHPOINT PKWY, SUITE 200
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR & CEO
Name	STEWART, JOHN C
Address	950 17TH STREET
City-State-Zip:	DENVER CO 80202

Title	SECRETARY
Name	KRUSH, MATTHEW B
Address	800 NICOLLET MALL
City-State-Zip:	MINNEAPOLIS MN 55402

Title	ASSISTANT SECRETARY
Name	BIDON, LINDA E
Address	800 NICOLLET MALL BC-MN-H210
City-State-Zip:	MINNEAPOLIS MN 55402

Title	DIRECTOR AND PRESIDENT
Name	KLUKKEN, PETER L
Address	302 W 3RD ST
City-State-Zip:	CINCINNATI OH 45202

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: LINDA E BIDON**ASSISTANT SECRETARY** 04/17/2017

Electronic Signature of Signing Officer/Director Detail

Date