

2014 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

04/15/2014

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 DIRECTOR & PRESIDENT
Name MORRISON, KEVIN J
Address 200 SOUTH 6TH STREET
City-State-Zip: MINNEAPOLIS MN 55402

Title DIRECTOR & CEO
Name VUOTO, ANTHONY F
Address 6410 SOUTHPOINT PKWY
City-State-Zip: JACKSONVILLE FL 32216

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

Title ASSISTANT SECRETARY
Name LARSON, MELISSA S
Address 800 NICOLLET MALL
BC-MN-H21O
City-State-Zip: MINNEAPOLIS MN 55402

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: MELISSA S LARSON

ASSISTANT SECRETARY 04/15/2014

Electronic Signature of Signing Officer/Director Detail

Date