

2016 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

04/05/2016

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 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 BIDON, LINDA E
Address 800 NICOLLET MALL
BC-MN-H21O
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 04/05/2016

Electronic Signature of Signing Officer/Director Detail

Date