

**2019 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

04/30/2019

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 STEWARD, 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-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 SECERETARY 04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date