

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000005299

**FILED**  
**Apr 23, 2019**  
**Secretary of State**  
**9677555874CC**

**Entity Name:** WORLDPAY INTEGRATED PAYMENTS SOLUTIONS, INC.

**Current Principal Place of Business:**

8500 GOVERNORS HILL DR  
CINCINNATI, OH 45249-1384

**Current Mailing Address:**

8500 GOVERNORS HILL DR  
CINCINNATI, OH 45249-1384 US

**FEI Number: 83-0362343**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            COO  
Name            HEIMBOUCH, MARK  
Address        8500 GOVERNORS HILL DR  
City-State-Zip: CINCINNATI OH 45249-1384

Title            D  
Name            WARNER, JARED M  
Address        8500 GOVERNORS HILL DR  
City-State-Zip: CINCINNATI OH 45249-1384

Title            P  
Name            TAYLOR, MATTHEW  
Address        150 MERCURY VILLAGE DR  
City-State-Zip: DURANGO CO 81301

Title            T  
Name            COOPER, TIMOTHY  
Address        8500 GOVERNORS HILL DR  
City-State-Zip: CINCINNATI OH 45249-1384

Title            CFO  
Name            FERRIS, STEPHANIE  
Address        8500 GOVERNORS HILL DR  
City-State-Zip: CINCINNATI OH 45249-1384

Title            CHIEF ACCOUNTING OFFICER  
Name            THOMPSON, CHRISTOPHER  
Address        8500 GOVERNORS HILL DR  
City-State-Zip: CINCINNATI OH 45249-1384

Title            SECRETARY  
Name            WARNER, JARED  
Address        8500 GOVERNORS HILL DR  
City-State-Zip: CINCINNATI OH 45249-1384

*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: JARED WARNER**

**SECRETARY**

**04/23/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date