


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000001826 1. Entity Name LML PAYMENT SYSTEMS CORP.	
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Principal Place of Business 1330 RIVER BEND DRIVE, SUITE 600 DALLAS, TX 75247	Mailing Address SUITE 1680 1140 W. PENDER ST VANCOUVER, BC v6e-4g1
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01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2084651	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAINES, PATRICK H 1330 RIVER BEND DRIVE, SUITE 600 DALLAS, TX 75247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULZ, RICHARD 280 NELSON ST, SUITE 468 VANCOUVER, BC v6b 2e2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FREY, KAT E 1330 RIVER BEND DRIVE, SUITE 600 DALLAS, TX 75247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEYTON, ROBERT E 4141 N. GRANITE REEF ROAD, SUITE 214 DALLAS, TX 75247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STENHJEM, PETE 4141 N. GRANITE REEF RD., SUITE 214 SCOTTSDALE, AZ 85251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUEST, SHAWN 1024 NORTH WEST STREET WICHITA, KS 62703

1000000042090
02/10/04-80010-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Patricia Gaines** Date: **Feb 15, 2004** Daytime Phone #: **604-609-4440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR