

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90113 039 \*\*\*150.00

**DOCUMENT # F01000001826**

1. Entity Name  
**LML PAYMENT SYSTEMS CORP.**



Principal Place of Business  
**1330 RIVER BEND DRIVE, SUITE 600  
DALLAS, TX 75247**

Mailing Address  
**1140 W PENDER ST SUITE 1680  
VANCOUVER BRITISH COLUMBIA  
CANADA V6E 4G1,**

**50029106**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03072005 Chg-P CR2E034 (10/03)

4. FEI Number  
**52-2084651**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

Name:

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME GAINES, PATRICK H  
STREET ADDRESS 1330 RIVER BEND DRIVE, SUITE 600  
CITY-ST-ZIP DALLAS, TX 75247

TITLE D / T ☐ Delete  
NAME SCHULZ, RICHARD  
STREET ADDRESS 280 NELSON ST, SUITE 468  
CITY-ST-ZIP VANCOUVER, BC v6b 2e2

TITLE V ☒ Delete  
NAME FREY, KAT E  
STREET ADDRESS 1330 RIVER BEND DRIVE, SUITE 600  
CITY-ST-ZIP DALLAS, TX 75247

TITLE V ☐ Delete  
NAME PEYTON, ROBERT E  
STREET ADDRESS 4141 N. GRANITE REEF ROAD, SUITE 214  
CITY-ST-ZIP DALLAS, TX 75247

TITLE V ☐ Delete  
NAME STENHJEM, PETE  
STREET ADDRESS 4141 N. GRANITE REEF RD., SUITE 214  
CITY-ST-ZIP SCOTTSDALE, AZ 85251

TITLE V ☐ Delete  
NAME GUEST, SHAWN  
STREET ADDRESS 1024 NORTH WEST STREET  
CITY-ST-ZIP WICHITA, KS 62703

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Change ☒ Addition  
NAME Gaines, Carolyn L.  
STREET ADDRESS 1330 River Bend Dr., Ste. 600  
CITY-ST-ZIP Dallas, TX 75247

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition  
NAME Craig; Stephen B.  
STREET ADDRESS 1330 River Bend Dr., Ste 600  
CITY-ST-ZIP Dallas, TX 75247

TITLE V ☒ Change ☐ Addition  
NAME Peyton, Robert E.  
STREET ADDRESS 4141 North Granite Reef Rd., Ste 241  
CITY-ST-ZIP Scottsdale, AZ 85251

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition  
NAME Bandiera, Joseph  
STREET ADDRESS 4141 North Granite Reef Rd., Ste 241  
CITY-ST-ZIP Scottsdale, AZ 85251

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #