

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001826

FILED
Apr 13, 2009
Secretary of State

Entity Name: LML PAYMENT SYSTEMS CORP.

Current Principal Place of Business:

1024 NORTH WEST ST.
WICHITA, KS 67203

New Principal Place of Business:

125 NORTH MARKET
SUITE 925
WICHITA, KS 67202

Current Mailing Address:

1140 W PENDER ST
SUITE 1680
VANCOUVER, BC V6E 4G1 CA

New Mailing Address:

FEI Number: 52-2084651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GAINES, PATRICK H
Address: 1024 NORTH WEST ST.
City-St-Zip: WICHITA, KS 67203

Title: D () Delete
Name: SCHULZ, RICHARD
Address: 1024 NORTH WEST ST.
City-St-Zip: WICHITA, KS 67203

Title: V () Delete
Name: RATCLIFFE, SHAWN
Address: 1024 NORTH WEST ST.
City-St-Zip: WICHITA, KS 67203

Title: V (X) Delete
Name: STENHJEM, PETER D
Address: 4141 N. GRANITE REEF RD., STE. 241
City-St-Zip: SCOTTSDALE, AZ 85251

Title: S () Delete
Name: GAINES, CAROLYN L
Address: 1024 NORTH WEST ST.
City-St-Zip: WICHITA, KS 67203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GAINES, PATRICK H
Address: 125 NORTH MARKET, SUITE 925
City-St-Zip: WICHITA, KS 67202

Title: D (X) Change () Addition
Name: SCHULZ, RICHARD
Address: 125 NORTH MARKET, SUITE 925
City-St-Zip: WICHITA, KS 67202

Title: V (X) Change () Addition
Name: RATCLIFFE, SHAWN
Address: 125 NORTH MARKET, SUITE 925
City-St-Zip: WICHITA, KS 67202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GAINES, CAROLYN L
Address: 125 NORTH MARKET, SUITE 925
City-St-Zip: WICHITA, KS 67202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAROLYN L GAINES

S

04/13/2009

Electronic Signature of Signing Officer or Director

Date