

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001826

FILED
Apr 13, 2011
Secretary of State

Entity Name: LML PAYMENT SYSTEMS CORP.

Current Principal Place of Business:

125 NORTH MARKET
SUITE 925
WICHITA, KS 67202

New Principal Place of Business:

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

OFFICERS AND DIRECTORS:

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

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

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

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

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: CAROLYN L GAINES

S

04/13/2011

Electronic Signature of Signing Officer or Director

Date