

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # F03000004490**

1. Entity Name  
**PAYMENT SYSTEMS MERCHANT SERVICES, INC.**



Principal Place of Business  
**1500 UNIVERSITY STREET, SUITE 920  
MONTREAL, QUEBEC  
CANADA H3A 3S7,**

Mailing Address  
**1500 UNIVERSITY STREET, SUITE 920  
MONTREAL, QUEBEC  
CANADA H3A 3S7,**

**FILED**  
**Jun 08, 2004 8:00 am**  
**Secretary of State**

06-08-2004 90002 044 \*\*\*150.00

**44046207**



03132003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**48-1298435**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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

*nla*  
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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LACHANCE, MARK 1017 TURNPIKE STREET, SUITE 32-A CANTON, MA 02021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FERNANDES, LESTER 1017 TURNPIKE STREET, SUITE 32-A CANTON, MA 02021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:**

*Lester Fernandes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*May 19th, 2004 (514) 227-6868*