2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2012
Secretary of State

DOCUMENT# F05000001238

Entity Name: AMC CARD PROCESSING SERVICES, INC.

Current Principal Place of Business:

920 MAIN STREET
KANSAS CITY, MO 64105

New Principal Place of Business:

Current Mailing Address:

920 MAIN STREET
KANSAS CITY, MO 64105

New Mailing Address:

FEI Number: 20-1879589 **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: CPD
Name: LOPEZ, GERARDO I
Address: 920 MAIN STREET
City-St-Zip: KANSAS CITY, MO 64105

Title: VPAS
Name: SCHEMENAUER, KELLY W
Address: 920 MAIN STREET
City-St-Zip: KANSAS CITY, MO 64105

Title: GCS
Name: CONNOR, KEVIN M
Address: 920 MAIN STREET
City-St-Zip: KANSAS CITY, MO 64105

Title: T
Name: CRAWFORD, TERRY W
Address: 920 MAIN STREET
City-St-Zip: KANSAS CITY, MO 64105

Title: EVPD
Name: RAMSEY, CRAIG R
Address: 920 MAIN STREET
City-St-Zip: KANSAS CITY, MO 64105

Title: EVPD
Name: MCDONALD, JOHN D
Address: 920 MAIN STREET
City-St-Zip: KANSAS CITY, MO 64105

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: KEVIN M CONNOR S 01/10/2012

Electronic Signature of Signing Officer or Director Date