## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000001142

Entity Name: AMAZON PAYMENTS, INC.

FILED Apr 15, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
15600 NE 8TH ST STE B-1 # 975				1200 12TH AVENUE SOUTH SUITE 1200			
BELLEVUE, WA 98008				SEATTLE, WA 98144			
Current Mailing Address:				New Mailing Address:			
15600 NE 8TH ST STE B-1 # 975 BELLEVUE, WA 98008				1200 12TH AVENUE SOUTH SUITE 1200 SEATTLE, WA 98144			
FEI Number:	20-2936165	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( ) C	ertificate of Status Desired ( )	
Name and	Address of Cu	ırrent Registered Agent:		Name and	Address of Nev	w Registered Agent:	
1201 HAYS TALLAHAS	named entity sue of Florida.		oose o	f changing it	s registered offic	ce or registered agent, or both,	
SICINATOR		Signature of Registered Agent				 Date	
Election Carr		Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () I JASSY, ANDREV 15600 NE 8TH S BELLEVUE, WA	T STE B-1 #975		Title: Name: Address: City-St-Zip:	STABINGAS, MAR	JE SOUTH, SUITE 1200	
Title: Name: Address: City-St-Zip:	VTSD ()[ BOYLE, SEAN 15600 NE 8TH S BELLEVUE, WA			Title: Name: Address: City-St-Zip:	BOYLE, SEAN	hange()Addition JE SOUTH, SUITE 1200 144 US	
Title: Name: Address: City-St-Zip:	S ()[ HEWITT, HILTON 15600 NE 8TH S BELLEVUE, WA	T STE B-1 #975		Title: Name: Address: City-St-Zip:	HEWITT, HILTON 1200 12TH AVENU	JE SOUTH, SUITE 1200	
Title: Name: Address: City-St-Zip:	VSD () [ SIROSH, JOSEP 15600 NE 8TH S BELLEVUE, WA	T STE B-1 #975		Title: Name: Address: City-St-Zip:	SIROSH, JOSEPH	JE SOUTH, SUITE 1200	
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	SWANN, MATTHE	JE SOUTH, SUITE 1200	
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	JASSY, ANDŘÉW	JE SOUTH, SUITE 1200	

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: HILTON S. HEWITT AS 04/15/2009