2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005475

City-St-Zip:

Entity Name: CLEAR2PAY AMERICAS, INC

FILED Feb 23, 2007 Secretary of State

Entity Nar	ne: CLEARZE	YAY AMERICAS, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
15 ANNAWON AVENUE WRENTHAM, MA 02093				470 ATLANTIC AVENUE 4TH FLOOR BOSTON, MA 02111 US		
Current Mailing Address:				New Mailing Address:		
15 ANNAWON AVENUE WRENTHAM, MA 02093				470 ATLANTIC AVENUE 4TH FLOOR BOSTON, MA 02111 US		
FEI Number:	20-3501194	FEI Number Applied For ()	FEI Num	ber Not App	licable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1200 SOUT PLANTATI The above	PORATION SYSTH PINE ISLAION, FL 33324 named entity second of Florida.	ND ROAD US	ourpose of	changing i	ts registered	office or registered agent, or both,
SIGNATUR						
0.014/1101		ic Signature of Registered Ag	ent			Date
Election Car	npaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	ELLIS, MATTHE 15 ANNAWON / WRENTHAM, M D () AKKERMANS, I 15 ANNAWON / WRENTHAM, M	AVENUE IA 02093 Delete MICHEL AVENUE IA 02093 Delete		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	ELLIS, MATTI 470 ATLANTI BOSTON, MA D (AKKERMANS 470 ATLANTI BOSTON, MA	C AVENUE, 4TH FLOOR A 02111 US (X) Change () Addition S, MICHEL C AVENUE, 4TH FLOOR A 02111 US (X) Change () Addition
Name: Address: City-St-Zip:	INGELS, JURG 15 ANNAWON / WRENTHAM, N	AVENUE		Name: Address: City-St-Zip:	INGELS, JUR 470 ATLANTI BOSTON, MA	C AVENUE, 4TH FLOOR
Title: Name: Address:	()	Delete		Title: Name: Address:	BALFE, MICH	() Change (X) Addition HAEL R LIN VILLAGE DRIVE

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: MICHAEL R BALFE AS 02/23/2007

FRANKLIN, MA 02038 US