2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# F06000005475

Entity Name: CLEAR2PAY AMERICAS, INC.

Current Principal Place of Business:

45 BRAINTREE HILL OFFICE PARK
SUITE 202
BRAINTREE, MA 02184 US

New Principal Place of Business:

Current Mailing Address:

45 BRAINTREE HILL OFFICE PARK
SUITE 202
BRAINTREE, MA 02184 US

New Mailing Address:

FEI Number: 20-3501194 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPST ( ) Delete
Name: ELLIS, MATTHEW M
Address: 45 BRAINTREE HILL OFFICE PARK, SUITE 202
City-St-Zip: BRAINTREE, MA 02184 US

Title: D ( ) Delete
Name: AKKERMANS, MICHEL
Address: 45 BRAINTREE HILL OFFICE PARK, SUITE 202
City-St-Zip: BRAINTREE, MA 02184 US

Title: D ( ) Delete
Name: INGELS, JURGEN
Address: 45 BRAINTREE HILL OFFICE PARK, SUITE 202
City-St-Zip: BRAINTREE, MA 02184 US

Title: AS ( ) Delete
Name: BALFE, MICHAEL R
Address: 19 LANTERN LANE
City-St-Zip: MILTON, MA 02186 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: ELLIS, MATTHEW M
Address: 45 BRAINTREE HILL OFFICE PARK, SUITE 202
City-St-Zip: BRAINTREE, MA 02184 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MICHAEL R. BALFE AS 01/09/2009
Electronic Signature of Signing Officer or Director Date