2007 LIMITED LIABILITY COMPANY

Feb 27, 2007 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # M06000003356** 02-27-2007 90080 019 ****50.00 1. Entity Name MERCHANT CLEARING HOUSE, LLC Mailing Address Principal Place of Business 3801 E PLANO PARKWAY, #100 3801 E PLANO PARKWAY, #100 PLANO, TX 75047 PLANO, TX 75047 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 14100 San Pedro Auc. 4100 San Pedro AUC Suite, Apt. #, etc. Suite, Apt. #, etc. 02072007 Chg-LLC CR2E083 (12/06) 5te. 750 750 Applied For City & State 4. FEI Number City & State 41-2149591 Not Applicable ANTONI ANTONIO يهوك Texas 7exas Country \$5.00 Additional Zip 5. Certificate of Status Desired 78232 78232 B<u>exc√</u> Berca Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301 City Zip Code 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 Signature, typed or printed name of registered agent and title it applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME GIBSON, JERRY D NAME 3801 E PLANO PARKWAY, #100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANO, TX 75047 CITY-ST-ZIP MGR ☐ Change ☐ Addition TITLE ☐ Delete SMITH, MICHAEL R NAME STREET ADDRESS STREET ADDRESS 10102 EVANSTON CITY-ST-ZIP CITY-ST-ZIP LUBBOCK, TX 79424 ☐ Defete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE

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JRE: LONG ' LONG ME LOCK (FOR LINE SECRETARY MANAGER, OR AUTHORIZED REPRESENTATIVE SECRETARY MANAGER, OR AUTHORIZED REPRESENTATIVE -8-07 210-495-0404

NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP