

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M64798

FILED
Apr 28, 2009
Secretary of State

Entity Name: AUTOMATED MERCHANT SERVICES, INC.

Current Principal Place of Business:

6462 NW 5TH WAY
BUSINESS PLAZA AT CORPORATE PARK
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

6462 NW 5TH WAY
BUSINESS PLAZA AT CORPORATE PARK
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0025824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: CCEO () Delete
Name: SLOANE, BARRY
Address: 1440 BROADWAY, 17TH FLOOR
City-St-Zip: NEW YORK, NY 10018

Title: D () Delete
Name: BRUNET, CRAIG J
Address: 1440 BROADWAY, 17TH FLOOR
City-St-Zip: NEW YORK, NY 10018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BARRY SLOANE

CEO

04/28/2009

Electronic Signature of Signing Officer or Director

Date