2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000837

Entity Name: KEY MERCHANT SERVICES, LLC

FILED Apr 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: ONE CONCOURSE PKWY, STE 300 ATLANTA, GA 30328 **Current Mailing Address: New Mailing Address:** 800 NICOLLET MALL 23RD FLOOR MINNEAPOLIS, MN 55402 FEI Number: 58-2359974 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: (X) Change () Addition () Delete GASTON, CHARLES MGR ENDER, SCOTT MGR Name: Name: ONE CONCOURSE PARKWAY, STE 300 Address: ONE CONCOURSE PARKWAY, STE 300 Address: City-St-Zip: ATLANTA, GA 30328 City-St-Zip: ATLANTA, GA 30328 Title: Title: AMGR () Change (X) Addition () Delete Name: DOSTER, MINDY AMGR Name: Address: Address: ONE CONCURE PARKWAY, SUITE 300 City-St-Zip: City-St-Zip: ATLANTA, GA 30328 Title: () Delete Title: AMGR () Change (X) Addition MELENYZER, CARA AMGR Name: Name: Address: Address: ONE COURSE PARKWAY AVE. City-St-Zip: City-St-Zip: ATTLANTA, GA 30328 Title: () Delete Title: AMGR () Change (X) Addition Name: Name: MYNATT, JAMES AMGR 7301 CHAPMAN HWY. Address: Address: City-St-Zip: City-St-Zip: KNOXVILLE, TN 37920 Title: () Delete Title: AMGR () Change (X) Addition KRUSH, MATTHEW AMBR Name: Name: 800 NICOLLET MALL Address: Address: City-St-Zip: City-St-Zip: MINNEPAOLIS, MN 55402 Title: () Delete Title: () Change (X) Addition BEDNARSKI, LAURA F Name: Name: 800 NICOLLET MALL Address: Address: MINNEAPOLIS, MN 55402 City-St-Zip: 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 is true and accurate and that my electronic 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.

SIGNATURE: CARA L. SEELEY AMGR 04/16/2008