

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000837

FILED
Feb 16, 2010
Secretary of State

Entity Name: KEY MERCHANT SERVICES, LLC

Current Principal Place of Business:

ONE CONCOURSE PKWY, STE 300
ATLANTA, GA 30328

New Principal Place of Business:

ONE CONCOURSE PKWY NE, STE 300
ATLANTA, GA 30328

Current Mailing Address:

800 NICOLLET MALL
23RD FLOOR
MINNEAPOLIS, MN 55402

New Mailing Address:

800 NICOLLET MALL
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:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ENDER, SCOTT MGR
Address: ONE CONCOURSE PARKWAY NE, STE 300
City-St-Zip: ATLANTA, GA 30328

Title: MGRM
Name: DOSTER, MINDY MGRM
Address: ONE CONCOURSE PARKWAYNE #300, SUITE 300
City-St-Zip: ATLANTA, GA 30328

Title: MGRM
Name: MELENYZER, CARA D MGRM
Address: ONE CONCOURSE PARKWAY NE, #300
City-St-Zip: ATLANTA, GA 30328

Title: MGRM
Name: SEELEY, CARA L MGRM
Address: 800 NICOLLET MALL
City-St-Zip: MINNEAPOLIS, MN 55402

Title: MGRM
Name: KRUSH, MATTHEW MGRM
Address: 800 NICOLLET MALL
City-St-Zip: MINNEAPOLIS, MN 55402

Title: MGRM
Name: BEDNARSKI, LAURA F MGRM
Address: 800 NICOLLET MALL
City-St-Zip: MINNEAPOLIS, MN 55402

I hereby 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

MGRM

02/16/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date