

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000001710

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** NATIONWIDE PAYMENT SYSTEMS INC.

**Current Principal Place of Business:**

1500 W. CYPRESS CREEK RD  
SUITE 503  
FORT LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

1500 W. CYPRESS CREEK RD  
SUITE 503  
FORT LAUDERDALE, FL 33309 US

**New Mailing Address:**

**FEI Number:** 65-1067143      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALEXANDER, BRUCE  
1500 W CYPRESS CREEK ROAD  
SUITE 503  
FORT LAUDERDALE, FL 33309 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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** BURNEY, DAVID  
**Address:** 1500 W. CYPRESS CREEK RD, SUITE 503  
**City-St-Zip:** FORT LAUDERDALE, FL 33309

**Title:** VPD  
**Name:** KOPELMAN, ALLEN  
**Address:** 1500 W. CYPRESS CREEK RD, SUITE 503  
**City-St-Zip:** FORT LAUDERDALE, FL 33309

I hereby 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 all other like empowered.

SIGNATURE: ALLEN KOPELMAN

DVP

01/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date