2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# P96000064538

Entity Name: MERCHANT SERVICES INTERNATIONAL INC.

Current Principal Place of Business:

2189 CLEVELAND ST
STE 257
CLEARWATER, FL 33765

New Principal Place of Business:

22055 US HIGHWAY 19 N
N/A
CLEARWATER, FL 33765 US

Current Mailing Address:

2189 CLEVELAND ST
STE 257
CLEARWATER, FL 33765

New Mailing Address:

22055 US HIGHWAY 19 N
N/A
CLEARWATER, FL 33765 US

FEI Number: 59-3413376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, BARBARA
2189 CLEVELAND ST., SUITE 257
CLEARWATER, FL 34625 US

Name and Address of New Registered Agent:

LEVINE, BARBARA
22055 US HIGHWAY 19 N
N/A
CLEARWATER, FL 33765 US

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: 01/15/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEVINE, BARBARA
Address: 2189 CLEVELAND ST., SUITE 257
City-St-Zip: CLEARWATER, FL 34625

Title: VPD ( ) Delete
Name: ANASTASAKIS, LUKE
Address: 2189 CLEVELAND ST., SUITE 257
City-St-Zip: CLEARWATER, FL 34625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEVINE, BARBARA
Address: 22055 US HIGHWAY 19 N
City-St-Zip: CLEARWATER, FL 33765 US

Title: VPD (X) Change ( ) Addition
Name: ANASTASAKIS, LUKE
Address: 22055 US HIGHWAY 19 N
City-St-Zip: CLEARWATER, FL 33765 US

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: BARBARA LEVINE PD 01/15/2009
Electronic Signature of Signing Officer or Director — Date