

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 408069

Entity Name: ASSURANT PAYMENT SERVICES, INC.**Current Principal Place of Business:**11222 QUAIL ROOST DR
MIAMI, FL 33157**Current Mailing Address:**11222 QUAIL ROOST DR
MIAMI, FL 33157**FEI Number: 59-1414202****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT
Name REIGELMAN RANKIN, CARRIE
Address 11222 QUAIL ROOST DR
City-State-Zip: MIAMI FL 33157

Title DIRECTOR, CEO
Name ERDEMAN, JOSEPH EDWARD
Address 260 INTERSTATE N CIRCLE SE
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR
Name BECERRA, MANUEL JOSE
Address 11222 QUAIL ROOST DR
City-State-Zip: MIAMI FL 33157

Title TREASURER
Name CHUNG, ANDREW PAUL
Address 11222 QUAIL ROOST DR
City-State-Zip: MIAMI FL 33157

Title SECRETARY
Name ARAGON-CRUZ, JEANNIE AMY
Address 11222 QUAIL ROOST DR
City-State-Zip: MIAMI FL 33157

Title DIRECTOR
Name LOPEZ-MORALES, IVAN C
Address 260 INTERSTATE N CIRCLE SE
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR
Name KIRSCH, RUSSELL GARY
Address 11222 QUAIL ROOST DR
City-State-Zip: MIAMI FL 33157

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: JEANNIE AMY ARAGON-CRUZ**SECRETARY****04/17/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date