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

Electronic Signature of Signing Officer/Director Detail

VP

01/05/2017 Date

DOCUMENT# P01000001710

Entity Name: NATIONWIDE PAYMENT SYSTEMS INC.

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 65-1067143

Name and Address of Current Registered Agent:

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

Officer/Director Detail :

Title	PD	Title	VPD
Name	BURNEY, DAVID	Name	KOPELMAN, ALLEN
Address	1500 W. CYPRESS CREEK RD, SUITE 503	Address	1500 W. CYPRESS CREEK RD, SUITE 503
City-State-Zip:	FORT LAUDERDALE FL 33309	City-State-Zip:	FORT LAUDERDALE FL 33309

ed Agent Date Title VPD Name KOPELMAN, ALLEN

Certificate of Status Desired: No

FILED Jan 05, 2017 Secretary of State CC9178688417

Signature of Signing Officer/Director Detail