#### 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

## Date

### DOCUMENT# P01000001710

Entity Name: NATIONWIDE PAYMENT SYSTEMS INC.

2016 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

SIGNATURE:

#### . .. \_ ~ ~ ~ -----

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	

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the	he State of Florida.

# Electronic Signature of Registered Agent

Certificate of Status Desired: No

FILED Jan 27, 2016

Secretary of State

CC1709984427

01/27/2016

Date