

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005314

Entity Name: MONERIS SOLUTIONS, INC.**Current Principal Place of Business:**150 N. MARTINGALE RD
900
SCHAUMBURG, IL 60173**Current Mailing Address:**3300 BLOOR ST WEST
SUITE 1000
TORONTO, ONTARIO, CA M8X XX**FEI Number:** 36-4402639**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	DCEO
Name	BROWN, ANGELA
Address	3300 BLOOR STREET WEST
City-State-Zip:	TORONTO M8X 2X2

Title	D
Name	MANTIA, LINDA
Address	330 FRONT STREET WEST 10TH FLOOR
City-State-Zip:	TORONTO ON M5V 3B7

Title	D
Name	IRVINE, ANDREW
Address	55 BLOOR STREET WEST 16TH FLOOR
City-State-Zip:	TORONTO ON M4W 3N5

Title	S
Name	GLOWINSKY, FERN
Address	3300 BLOOR STREET WEST
City-State-Zip:	TORONTO ON M8X 2X2

Title	PRES
Name	LEE, CHRISTINE
Address	150 N.MARTINGALE RD. #900
City-State-Zip:	SCHAUMBURG IL 60173

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: CHRISTINE LEE

PRESIDENT

03/02/2015

Electronic Signature of Signing Officer/Director Detail_____
Date