2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000003415

Entity Name: PAYFLEX SYSTEMS USA, INC.

Current Principal Place of Business:

11819 MIAMI ST. OMAHA, NE 68164

Current Mailing Address:

11819 MIAMI ST.

OMAHA, NE 68164 US

FEI Number: 91-1774434 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DISIMONE, MICHAEL A

C T CORPORATION SYSTEM 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:

Name

Electronic Signature of Registered Agent

Date

FILED Apr 07, 2022

Secretary of State

4279769422CC

Officer/Director Detail:

Title VICE PRESIDENT AND SECRETARY Title VP

Name LEE, EDWARD CHUNG-I Name PROTEXTOR, JEFFREY A.

Address 11819 MIAMI ST. Address 11819 MIAMI ST.

City-State-Zip: OMAHA NE 68164 City-State-Zip: OMAHA NE 68164

Title DIRECTOR Title CHIEF EXECUTIVE OFFICER AND

PRESIDENT

Address 11819 MIAMI ST. Name DISIMONE, MICHAEL A

Address 11819 MIAMI ST.

City-State-Zip: OMAHA NE 68164 City-State-Zip: OMAHA NE 68164

Title VICE PRESIDENT AND TREASURER
Title VP

Name SMITH, TRACY LOUISE Name MOFFATT, THOMAS S.

 Address
 11819 MIAMI ST.
 Address
 11819 MIAMI ST.

 City-State-Zip:
 OMAHA NE 68164
 City-State-Zip: OMAHA NE 68164

Title DIRECTOR Title DIRECTOR

Name ARABOLOS, CAROLYN G. Name MICHAEL A, DISIMONE

 Address
 11819 MIAMI ST.
 Address
 11819 MIAMI ST.

 City-State-Zip:
 OMAHA NE 68164
 City-State-Zip: OMAHA NE 68164

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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: EDWARD CHUNG-I LEE VICE PRESIDENT 04/07/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name STEVEN G., MILLS Address 11819 MIAMI ST.

City-State-Zip: OMAHA NE 68164