## 2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000004960

Entity Name: JHA PAYMENT SOLUTIONS, INC.

**Current Principal Place of Business:** 

663 W HWY 60 MONETT, MO 65708

**Current Mailing Address:** 

**PO BOX 807** 

MONETT. MO 65708 US

FEI Number: 91-2047199 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 S PINE ISLAND RD 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

FILED Apr 18, 2019

**Secretary of State** 

3482975583CC

Officer/Director Detail:

 Title
 DIRECTOR
 Title
 PRESIDENT

 Name
 PRIM, JOHN
 Name
 FOSS, DAVE

 Address
 PO BOX 807
 Address
 PO BOX 807

City-State-Zip: MONETT MO 65708 City-State-Zip: MONETT MO 65708

Title TREASURER Title SECRETARY

Name WILLIAMS, KEVIN Name MORGAN, CRAIG K

Address PO BOX 807 Address 663 W HWY 60

City-State-Zip: MONETT MO 65708 City-State-Zip: MONETT MO 65708

Title VP

Name ADELSON, GREG Address 663 W HWY 60

City-State-Zip: MONETT MO 65708

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: KEVIN D. WILLIAMS

**TREASURER** 

04/18/2019