

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000001967

**Entity Name:** GLOBAL PAYMENTS CHECK RECOVERY SERVICES, INC.**Current Principal Place of Business:**3550 LENOX RD., SUITE 3000  
ATLANTA, GA 30326**Current Mailing Address:**3550 LENOX RD., SUITE 3000  
ATLANTA, GA 30326 US**FEI Number: 87-0577333****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name WILLIAMS, LJ  
Address 3550 LENOX RD., SUITE 3000  
City-State-Zip: ATLANTA GA 30326

Title DIRECTOR  
Name GREEN, DAVID L.  
Address 3550 LENOX RD., SUITE 3000  
City-State-Zip: ATLANTA GA 30326

Title VP  
Name WILLIAMS, LJ  
Address 3550 LENOX RD., SUITE 3000  
City-State-Zip: ATLANTA GA 30326

Title DIRECTOR  
Name WILLIAMS, LJ  
Address 3550 LENOX RD., SUITE 3000  
City-State-Zip: ATLANTA GA 30326

Title CEO, CFO  
Name WILLIAMS, LJ  
Address 3550 LENOX RD., SUITE 3000  
City-State-Zip: ATLANTA GA 30326

*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: LJ WILLIAMS****VICE PRESIDENT****03/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date