

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000004109

**Entity Name:** HEARTLAND PAYMENT SYSTEMS, INC.**Current Principal Place of Business:**90 NASSAU STREET  
PRINCETON, NJ 08542**Current Mailing Address:**90 NASSAU STREET  
PRINCETON, NJ 08542 US**FEI Number:** 22-3755714**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 CEO, DIRECTOR  
Name CARR, ROBERT O  
Address 90 NASSAU STREET  
City-State-Zip: PRINCETON NJ 05842

Title D  
Name HOLLIN, MITCHELL L  
Address 90 NASSAU STREET  
City-State-Zip: PRINCETON NJ 08542

Title D  
Name VAGUE, RICHARD W  
Address 90 NASSAU ST  
City-State-Zip: PRINCETON NJ 08542

Title TREASURER  
Name WHITE, JOSEPH E  
Address 90 NASSAU STREET  
City-State-Zip: PRINCETON NJ 08542

Title VC  
Name BALDWIN, ROBERT HB JR.  
Address 90 NASSAU STREET  
City-State-Zip: PRINCETON NJ 05842

Title S  
Name KALLENBACH, CHARLES HN  
Address 90 NASSAU STREET  
City-State-Zip: PRINCETON NJ 08542

Title D  
Name PALMER, JONATHAN J  
Address 90 NASSAU ST.  
City-State-Zip: PRINCETON NJ 08542

Title CFO  
Name RUEDA , MARIA  
Address 90 NASSAU STREET, 2 FLOOR  
City-State-Zip: PRINCETON NJ 08542

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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:** CHARLES H N. KALLENBACH**SECRETARY****04/29/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BREAKIRON-EVANS, MAUREEN  
Address 90 NASSAU STREET, 2 FLOOR  
City-State-Zip: PRINCETON NJ 08542

Title DIRECTOR  
Name NIEHAUS, ROBERT H.  
Address 90 NASSAU STREET, 2 FLOOR  
City-State-Zip: PRINCETON NJ 08542

Title PRESIDENT  
Name GILBERT , DAVID  
Address 90 NASSAU STREET, 2 FLOOR  
City-State-Zip: PRINCETON NJ 08542

Title DIRECTOR  
Name OSTRO, MARC J. PHD  
Address 90 NASSAU STREET, 2 FLOOR  
City-State-Zip: PRINCETON NJ 08542

Title PRESIDENT  
Name DRYSDALE, IAN  
Address 90 NASSAU STREET, 2 FLOOR  
City-State-Zip: PRINCETON NJ 08542

Title PRESIDENT  
Name LAWLER, MICHAEL A.  
Address 90 NASSAU STREET, 2 FLOOR  
City-State-Zip: PRINCETON NJ 08542