

**2015 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 CAO  
Name WHITE, JOSEPH E  
Address 300 CARNEGIE CENTER  
SUITE 300  
City-State-Zip: PRINCETON NJ 08540

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 DIRECTOR  
Name BREAKIRON-EVANS, MAUREEN  
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 HN KALLENBACH**SECRETARY****04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 OSTRO, MARC J. PHD  
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