

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MASSACHUSETTS

Case number (if known) Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name Merchants Bankcard Systems of America, Inc.

2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 37-1645702

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 70 East Falmouth Highway Suite 1 East Falmouth, MA 02536 Barnstable County Location of principal assets, if different from principal place of business

5. Debtor's website (URL)

6. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other. Specify:

Debtor Merchants Bankcard Systems of America, Inc.
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
 District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor _____ Relationship _____
 District _____ When _____ Case number, if known _____

Debtor Merchants Bankcard Systems of America, Inc.
Name

Case number (if known) _____

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property? _____
Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds *Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

15. Estimated Assets

<input type="checkbox"/> \$0 - \$50,000	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

16. Estimated liabilities

<input type="checkbox"/> \$0 - \$50,000	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor Merchants Bankcard Systems of America, Inc.
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 18, 2016
MM / DD / YYYY

X /s/ Philip Chait
Signature of authorized representative of debtor

Title President

Philip Chait
Printed name

18. Signature of attorney

X /s/ David B. Madoff
Signature of attorney for debtor

Date August 18, 2016
MM / DD / YYYY

David B. Madoff
Printed name

Madoff & Khoury LLP
Firm name

**124 Washington Street, Suite 202
Foxborough, MA 02035**
Number, Street, City, State & ZIP Code

Contact phone 508-543-0040 Email address alston@mandkllp.com

552968
Bar number and State

Fill in this information to identify the case:

Debtor name Merchants Bankcard Systems of America, Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 8/18/16 x 
Signature of individual signing on behalf of debtor

Philip Chait
Printed name

President
Position or relationship to debtor

OFFICIAL FORM 7

United States Bankruptcy Court
District of Massachusetts

In re Merchants Bankcard Systems of America, Inc. Debtor(s)

Case No. Chapter 11

DECLARATION RE: ELECTRONIC FILING

PART I- DECLARATION OF PETITIONER

I [We] Philip Chait, hereby declare(s) under penalty of perjury that all of the information contained in my Petition, Schedules, Statements and Lists (singly or jointly the "Document"), filed electronically, is true and correct. I understand that this DECLARATION is to be filed with the Clerk of Court electronically concurrently with the electronic filing of the Document. I understand that failure to file this DECLARATION may cause the Document to be struck and any request contained or relying thereon to be denied, without further notice.

I further understand that pursuant to the Massachusetts Electronic Filing Local Rule (MEFLR)-7(a) all paper documents containing original signatures executed under the penalties of perjury and filed electronically with the Court are the property of the bankruptcy estate and shall be maintained by the authorized CM/ECF Registered User for a period of five (5) years after the closing of this case.

Dated: 8/18/16

Signed: Philip Chait (Affiant)

PART II - DECLARATION OF ATTORNEY (IF AFFIANT IS REPRESENTED BY COUNSEL)

I certify that the affiant(s) signed this form before I submitted the Document, I gave the affiant(s) a copy of the Document and this DECLARATION, and I have followed all other electronic filing requirements currently established by local rule and standing order. This DECLARATION is based on all information of which I have knowledge and my signature below constitutes my certification of the foregoing under Fed. R. Bankr. P. 9011. I have reviewed and will comply with the provisions of MEFR 7.

Dated: 8/18/16

Signed: David B. Madoff 552968 Attorney for Affiant

UNANIMOUS CONSENT OF SHAREHOLDERS

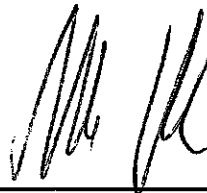
The undersigned, the sole shareholder of Merchant Bankcard Systems of America, Inc., a Delaware corporation (the "Company"), by unanimous vote pursuant to the Company's bylaws and the Corporation Law of the State of Delaware, does hereby approve, consent to and take the following actions:

VOTED: That the Company seek relief under Chapter 11 of the Bankruptcy Code, and that the President of the Company (the "Authorized Officer"), is hereby authorized (i) to prepare and file on behalf of the Company a petition for relief under Chapter 11 of the Bankruptcy Code, (ii) to execute on behalf of the Company such petition, schedules and statements as the Authorized Officer may deem necessary or appropriate in connection therewith, (iii) to take such steps on behalf of the Company as may be necessary or appropriate to the Company's bankruptcy case and (iv) to execute such further documents and do such further acts as the Authorized Officer may deem necessary or appropriate with respect to the foregoing, including the delegation of such foregoing authority to other officers and employees of the Company; the execution of any document or the doing of any act by the Authorized Officer in connection with such proceedings to be conclusively presumed to be authorized by this vote;

FURTHER
VOTED: That the law firm of Madoff & Khoury LLP be retained as counsel to represent the Company in all proceedings commenced under or resulting from these votes;

FURTHER
VOTED: That this written consent be filed in the minute book of the Company.

Dated: August 18, 2016



Philip Chait

Fill in this information to identify the case:

Debtor name Merchants Bankcard Systems of America, Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

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Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule* _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 18, 2016

X /s/ Philip Chait
Signature of individual signing on behalf of debtor

Philip Chait
Printed name

President
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Merchants Bankcard Systems of America, Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known): _____

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders 12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
0291 Building L.C. 1920 E. Hallandale Beach Blvd. Hallandale, FL 33009		Business Debt				\$5,893.60
Bond Street Servicing LLC c/o First Associates P.O.Box 503430 San Diego, CA 92150		Loan				\$135,301.00
C&H Financial Services, Inc. 1 Westbrook Corporate Center, Suite 300 Westchester, IL 60154		Business Debt				\$13,635.00
Davos International Bank Brickell Bay Office Tower 2662 S. Bayshore Drive, #801 Miami, FL 33133		Business Debt				\$261,782.07
Denise Deters 3000 Oasis Grand Blvd., Unit #2406 Fort Myers, FL 33916		Commissions				Unknown
Frank Cernuto-Rep 3414 Harborside Court Kissimmee, FL 34746		Commissions				Unknown
Gustavian Two LLC 1865 Brickwell Avenue, Suite 1411A Miami, FL 33129		Business Debt				\$73,777.22

Debtor Merchants Bankcard Systems of America, Inc.
Name

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Humana Insurance RMS PO Box 280431 East Hartford, CT 06128		Business Debt				\$5,207.28
Joe Rios 17611 Sierra Creek Lane Humble, TX 77346		Commissions				Unknown
John Furnari 138 Ashumet Road, Apt. D6 East Falmouth, MA 02536		Commissions				Unknown
Loma Cox - 2015 6875 FM 2492 Brownwood, TX 76801		Business Debt				\$4,960.68
Marc Mulcahy 7590 Brightwater Place Oviedo, FL 32765		Commissions				Unknown
McNamara & Yates, P.C. PO Box 1196 128 Route 6A, 2nd Floor Sandwich, MA 02563		Business Debt				\$23,109.43
Melody Longobardi 2 Taylor Road South Yarmouth, MA 02664		Commissions				Unknown
Merchant Acquisition Group 121 Shattuck Way, Suite 16 Newington, NH 03801		Loan				\$459,635.00
Ralph Pellegrini 850 West Falmouth Hwy (RT28A), Unit C4 West Falmouth, MA 02574		Commissions				Unknown
Sherry Shive 1250 N Ocean Drive, Suite 4 West Palm Beach, FL 33404		Commissions				Unknown

Debtor **Merchants Bankcard Systems of America, Inc.**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
The Phoenix Group 6705 Keaton Corporate Parkway O Fallon, MO 63368		Business Debt				\$10,857.52
Vanessa Griffin Mulcahy - Exp 7590 Bridgewater Place Oviedo, FL 32765		Wages				Unknown
Walter Hurst 1339 E. Ft Lowell Road, Apt L Tucson, AZ 85719		Commissions				Unknown

Fill in this information to identify the case:

Debtor name Merchants Bankcard Systems of America, Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>14,155.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>2,574,056.00</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>2,588,211.00</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>2,300,000.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>240,673.01</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>1,665,669.99</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>4,206,343.00</u>

Fill in this information to identify the case:

Debtor name Merchants Bankcard Systems of America, Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
 Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (Identify all)				
	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1.	TD Bank - Payroll Account	Checking	4808	\$0.00
3.2.	TD Bank - Operating Account	Checking	4816	\$0.00
3.3.	TD Bank - ACH Account	Checking	4858	\$0.00
3.4.	TD Bank - Florida Account (1)	Checking	7124	\$0.00
3.5.	TD Bank - Florida Account (2)	Checking	1032	\$0.00
3.6.	TD Bank - Settlement Account	Checking	8810	\$0.00

4. Other cash equivalents (Identify all)

Debtor Merchants Bankcard Systems of America, Inc. Case number (If known) _____
 Name

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00

Part 2: Deposits and Prepayments

6. **Does the debtor have any deposits or prepayments?**

- No. Go to Part 3.
- Yes Fill in the information below.

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- No. Go to Part 4.
- Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:	4,000.00	-	4,000.00	=	
	face amount		doubtful or uncollectible accounts		\$0.00

11a. 90 days old or less:	39,000.00	-	0.00	=	
	face amount		doubtful or uncollectible accounts		\$39,000.00

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$39,000.00

Part 4: Investments

13. **Does the debtor own any investments?**

- No. Go to Part 5.
- Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- No. Go to Part 6.
- Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- No. Go to Part 7.
- Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- No. Go to Part 8.
- Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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Debtor Merchants Bankcard Systems of America, Inc. Case number (If known) _____
 Name

39. **Office furniture**
Miscellaneous Office Furniture, Computers \$4,164.00 **Tax records** \$4,164.00

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** Add lines 39 through 42. Copy the total to line 86. \$4,164.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**
 No
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**
 No
 Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- No. Go to Part 9.
- Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- No. Go to Part 10.
- Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. Credit Card terminals for resale.		\$14,155.00	Recent cost	\$14,155.00

56. **Total of Part 9.** Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88. \$14,155.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**
 No
 Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

Debtor Merchants Bankcard Systems of America, Inc. Case number (If known) _____
Name

- No
- Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.
- Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
- Yes Fill in the information below.

Current value of debtor's interest

- 71. **Notes receivable**
Description (include name of obligor)
- 72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)
- 73. **Interests in insurance policies or annuities**
- 74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
- 75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
- 76. **Trusts, equitable or future interests in property**
- 77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*
Merchant Portfolios - Debtor purchases existing credit card based transaction processing portfolios. Ownership is subject to agreement with Davos Financial Corp., which purchased 40 percent of residual income from Debtors.

\$2,530,892.00

- 78. **Total of Part 11.**
Add lines 71 through 77. Copy the total to line 90.

\$2,530,892.00

- 79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**
 - No
 - Yes

Debtor Merchants Bankcard Systems of America, Inc. Case number (if known) _____
 Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$39,000.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$4,164.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$14,155.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$2,530,892.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$2,574,056.00</u>	+ 91b. <u>\$14,155.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$2,588,211.00</u>

Fill in this information to identify the case:

Debtor name Merchants Bankcard Systems of America, Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim	
2.1	Davos Financial Corp. <small>Creditor's Name</small> Brickell Bay Office Tower 2662 S. Bayshore Drive, #801 Miami, FL 33133 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Merchant Portfolios - Debtor purchases existing credit card based transaction processing portfolios. Ownership is subject to agreement with Davos Financial Corp., which purchased 40 percent of residual income from Debtors. Describe the lien UCC Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$2,300,000.00	\$2,530,892.00

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$2,300,000.00**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Eli A. Rosenberg Baird Holm LLP 1700 Farnam Street, Ste. 1500 Omaha, NE 68102-2068	Line <u>2.1</u>	

Fill in this information to identify the case:

Debtor name Merchants Bankcard Systems of America, Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F
Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Amir Dar 1898 NW 141 Avenue Hollywood, FL 33028	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$457.88 \$457.88
	Date or dates debt was incurred	Basis for the claim: Commissions	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
<hr/>			
2.2	Priority creditor's name and mailing address Anthony Berk 2662 Riverview Drive Naples, FL 34112	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$372.03 \$372.03
	Date or dates debt was incurred	Basis for the claim: Commissions	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		

Debtor Merchants Bankcard Systems of America, Inc. Case number (if known) _____

Name _____

2.3	Priority creditor's name and mailing address Barry Loomis 160 Yacht Club Way #108 Chicago, IL 60694	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,645.62	Unknown
-----	---	--	-------------------	----------------

Date or dates debt was incurred _____

Basis for the claim:
Commissions

Last 4 digits of account number _____

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

No
 Yes

2.4	Priority creditor's name and mailing address Bob Perez PO Box 310165 Enterprise, AL 36330	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,850.92	Unknown
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Date or dates debt was incurred _____

Basis for the claim:
Commissions

Last 4 digits of account number _____

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

No
 Yes

2.5	Priority creditor's name and mailing address Bret Stabler 1125 Grandview Circle West Palm Beach, FL 33411	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$136.47	Unknown
-----	---	--	-----------------	----------------

Date or dates debt was incurred _____

Basis for the claim:
Commissions

Last 4 digits of account number _____

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

No
 Yes

2.6	Priority creditor's name and mailing address Brian Cook 4600 South Ulster Street Suite 940 Denver, CO 80237	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,194.20	Unknown
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Date or dates debt was incurred _____

Basis for the claim:
Commissions

Last 4 digits of account number _____

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

No
 Yes

Debtor Merchants Bankcard Systems of America, Inc. Case number (if known) _____

Name _____

2.7	Priority creditor's name and mailing address Cindy Karwacki 23145 Cypress Bend Drive #512 Pompano Beach, FL 33069	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,695.10	Unknown
Date or dates debt was incurred _____		Basis for the claim: Commissions		
Last 4 digits of account number _____		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address Debra Hallmark 751 E McNab Road #4 Pompano Beach, FL 33060	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$149.95	Unknown
Date or dates debt was incurred _____		Basis for the claim: Commissions		
Last 4 digits of account number _____		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address Denise Deters 3000 Oasis Grand Blvd., Unit #2406 Fort Myers, FL 33916	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$43,806.54	Unknown
Date or dates debt was incurred _____		Basis for the claim: Commissions		
Last 4 digits of account number _____		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address Frank Cernuto-Rep 3414 Harborside Court Kissimmee, FL 34746	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,311.70	Unknown
Date or dates debt was incurred _____		Basis for the claim: Commissions		
Last 4 digits of account number _____		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Merchants Bankcard Systems of America, Inc. Case number (if known) _____

Name _____

2.11	Priority creditor's name and mailing address Hassan Aislamh 8457 Camino Real Atascadero, CA 93422	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,472.46	Unknown
Date or dates debt was incurred		Basis for the claim: Commissions		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address Jairo Morales-Rep 1835 NW 34 AVenue Miami, FL 33125	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$523.14	Unknown
Date or dates debt was incurred		Basis for the claim: Commissions		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address Jason Anable 6630 Bevington Ridge Road, Unit B Charlotte, NC 28277	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,000.00	Unknown
Date or dates debt was incurred		Basis for the claim: Commissions		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address Joe Rios 17611 Sierra Creek Lane Humble, TX 77346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$14,270.29	Unknown
Date or dates debt was incurred		Basis for the claim: Commissions		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Merchants Bankcard Systems of America, Inc. Case number (if known) _____
Name

2.15	Priority creditor's name and mailing address John Furnari 138 Ashumet Road, Apt. D6 East Falmouth, MA 02536	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$26,539.00	Unknown
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Date or dates debt was incurred _____

Basis for the claim:
Commissions

Last 4 digits of account number _____

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

No
 Yes

2.16	Priority creditor's name and mailing address Kevin O'Connell - Rep 1704 Grand Avenue, Apt. D6 Asbury Park, NJ 07712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$447.71	\$447.41
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Date or dates debt was incurred _____

Basis for the claim:
Commissions

Last 4 digits of account number _____

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

No
 Yes

2.17	Priority creditor's name and mailing address Kit Datson 815 Kentucky Avenue Saint Cloud, FL 34769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$699.78	Unknown
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Date or dates debt was incurred _____

Basis for the claim:
Commissions

Last 4 digits of account number _____

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

No
 Yes

2.18	Priority creditor's name and mailing address Leeron Mirman 626 Travis Avenue Staten Island, NY 10314	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.20	\$0.20
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Date or dates debt was incurred _____

Basis for the claim:
Commissions

Last 4 digits of account number _____

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

No
 Yes

Debtor Merchants Bankcard Systems of America, Inc. Case number (if known) _____

Name _____

2.19	Priority creditor's name and mailing address Leland Gaines 3410 Manatee Road Tavares, FL 32778	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,600.44	Unknown
Date or dates debt was incurred		Basis for the claim: Commissions		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.20	Priority creditor's name and mailing address Marc Mulcahy 7590 Brightwater Place Oviedo, FL 32765	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$57,741.27	Unknown
Date or dates debt was incurred		Basis for the claim: Commissions		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.21	Priority creditor's name and mailing address Marc Umstead 301 N Lewis Road Pottstown, PA 19465	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$485.25	Unknown
Date or dates debt was incurred		Basis for the claim: Commissions		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.22	Priority creditor's name and mailing address Marco Radicioni 2900 NE 14th Street Causeway, #402 Pompano Beach, FL 33062	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$197.52	Unknown
Date or dates debt was incurred		Basis for the claim: Commissions		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Merchants Bankcard Systems of America, Inc. Case number (if known) _____

Name _____

2.23	Priority creditor's name and mailing address Maria Coretes-Exp 2186 NE 56th Street, Apt. 108 Fort Lauderdale, FL 33308	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,605.66	Unknown
Date or dates debt was incurred _____		Basis for the claim: Commissions		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.24	Priority creditor's name and mailing address Melody Longobardi 2 Taylor Road South Yarmouth, MA 02664	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,472.42	Unknown
Date or dates debt was incurred _____		Basis for the claim: Commissions		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25	Priority creditor's name and mailing address Monica Martinez - Rep 16400 Collins Avenue, Apt. 2143 North Miami Beach, FL 33160	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,605.66	Unknown
Date or dates debt was incurred _____		Basis for the claim: Commissions		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26	Priority creditor's name and mailing address Paul Chiumento 47 Taylor Road Portsmouth, RI 02871	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,052.10	Unknown
Date or dates debt was incurred _____		Basis for the claim: Commissions		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Merchants Bankcard Systems of America, Inc. Case number (if known) _____

Name _____

2.27	Priority creditor's name and mailing address Paul Ross 5700 Camino Del Sol #102 Boca Raton, FL 33433	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,092.60	Unknown
Date or dates debt was incurred _____		Basis for the claim: Commissions		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.28	Priority creditor's name and mailing address Ralph Pellegrini 850 West Falmouth Hwy (RT28A), Unit C4 West Falmouth, MA 02574	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13,504.96	Unknown
Date or dates debt was incurred _____		Basis for the claim: Commissions		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.29	Priority creditor's name and mailing address Ramez Kayaleh 7932 W Sand Lake Road Orlando, FL 32819	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,826.88	Unknown
Date or dates debt was incurred _____		Basis for the claim: Commissions		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.30	Priority creditor's name and mailing address Ricardo A Abrev 1731 SW 9th Street Miami, FL 33135	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12.50	\$12.50
Date or dates debt was incurred _____		Basis for the claim: Commissions		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Merchants Bankcard Systems of America, Inc. Case number (if known) _____

Name _____

2.31	Priority creditor's name and mailing address Sherry Shive 1250 N Ocean Drive, Suite 4 West Palm Beach, FL 33404	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$21,488.07	Unknown
Date or dates debt was incurred		Basis for the claim: Commissions		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.32	Priority creditor's name and mailing address Timothy Umstead 64 Antietam Road Temple, PA 19560	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,110.12	Unknown
Date or dates debt was incurred		Basis for the claim: Commissions		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.33	Priority creditor's name and mailing address Vanessa Griffin Mulcahy - Exp 7590 Bridgewater Place Oviedo, FL 32765	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13,984.67	Unknown
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.34	Priority creditor's name and mailing address Walter Hurst 1339 E. Ft Lowell Road, Apt L Tucson, AZ 85719	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,780.35	Unknown
Date or dates debt was incurred		Basis for the claim: Commissions		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Merchants Bankcard Systems of America, Inc. Case number (if known) _____

2.35	Priority creditor's name and mailing address Zach Arnold 609 Dartmouth Street Newberg, OR 97132	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,539.55	\$3,539.55
Date or dates debt was incurred _____		Basis for the claim: Commissions		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim	
3.1	Nonpriority creditor's name and mailing address 0291 Building L.C. 1920 E. Hallandale Beach Blvd. Hallandale, FL 33009 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,893.60	
3.2	Nonpriority creditor's name and mailing address Ace Terminals 12869 Capricorn Street Stafford, TX 77477 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,808.70	
3.3	Nonpriority creditor's name and mailing address Apriva LLC 8501 N. Scottsdale Road, Suite 110 Paradise Valley, AZ 85253 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$331.41	
3.4	Nonpriority creditor's name and mailing address AT&T PO Box 105262 Atlanta, GA 30348 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$737.93	
3.5	Nonpriority creditor's name and mailing address Biz Filings 39922 Treasury Center Chicago, IL 60694 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$939.51	

Debtor Merchants Bankcard Systems of America, Inc. Case number (if known) _____

Name

3.6	Nonpriority creditor's name and mailing address Bond Street Servicing LLC c/o First Associates P.O.Box 503430 San Diego, CA 92150 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135,301.00
3.7	Nonpriority creditor's name and mailing address Breakaway Restaurant Solutions 201 E Abram Street Arlington, TX 76010 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,740.89
3.8	Nonpriority creditor's name and mailing address Burke & Associates 400 Washington Street, Suite 408 Braintree, MA 02184 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$355.48
3.9	Nonpriority creditor's name and mailing address C&H Financial Services, Inc. 1 Westbrook Corporate Center, Suite 300 Westchester, IL 60154 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,635.00
3.10	Nonpriority creditor's name and mailing address Citrix Online File 50264 Los Angeles, CA 90074 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110.40
3.11	Nonpriority creditor's name and mailing address Comcast PO Box 530098 Atlanta, GA 30353 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$251.48
3.12	Nonpriority creditor's name and mailing address Corporation Service Center PO Box 13397 Philadelphia, PA 19101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$252.75

Debtor Merchants Bankcard Systems of America, Inc. Case number (if known) _____
Name

3.13 Nonpriority creditor's name and mailing address **Crystal Springs**
PO Box 660579
Dallas, TX 75266
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$1,085.47**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Business Debt
 Is the claim subject to offset? No Yes

3.14 Nonpriority creditor's name and mailing address **DAS Consulting Services, Inc.**
13643 Ishnala Circle
Wellington, FL 33414
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$448.72**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Business Debt
 Is the claim subject to offset? No Yes

3.15 Nonpriority creditor's name and mailing address **Davos International Bank**
Brickell Bay Office Tower
2662 S. Bayshore Drive, #801
Miami, FL 33133
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$261,782.07**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Business Debt
 Is the claim subject to offset? No Yes

3.16 Nonpriority creditor's name and mailing address **Deajavoo Systems**
1129 Northern Blvd., Suite 303
Manhasset, NY 11030
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$554.72**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Business Debt
 Is the claim subject to offset? No Yes

3.17 Nonpriority creditor's name and mailing address **E Processing Network**
16211 Park Ten Place
Houston, TX 77084
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$92.00**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Business Debt
 Is the claim subject to offset? No Yes

3.18 Nonpriority creditor's name and mailing address **Falmouth Chamber of Commerce**
20 Academy Lane
Falmouth, MA 02541
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$656.00**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Business Debt
 Is the claim subject to offset? No Yes

3.19 Nonpriority creditor's name and mailing address **Gustavian Two LLC**
1865 Brickwell Avenue, Suite 1411A
Miami, FL 33129
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$73,777.22**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Business Debt
 Is the claim subject to offset? No Yes

Debtor Merchants Bankcard Systems of America, Inc. Case number (if known) _____

Name

3.20	<p>Nonpriority creditor's name and mailing address Hirzel & Dreyfuss, PA 333 SE 2nd Avenue, 20th Floor Miami, FL 33131</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Business Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$1,125.00</p>
3.21	<p>Nonpriority creditor's name and mailing address Humana Insurance RMS PO Box 280431 East Hartford, CT 06128</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Business Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$5,207.28</p>
3.22	<p>Nonpriority creditor's name and mailing address Loma Cox - 2015 6875 FM 2492 Brownwood, TX 76801</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Business Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$4,960.68</p>
3.23	<p>Nonpriority creditor's name and mailing address McNamara & Yates, P.C. PO Box 1196 128 Route 6A, 2nd Floor Sandwich, MA 02563</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Business Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$23,109.43</p>
3.24	<p>Nonpriority creditor's name and mailing address Merchant Acquisition Group 121 Shattuck Way, Suite 16 Newington, NH 03801</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Loan</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$459,635.00</p>
3.25	<p>Nonpriority creditor's name and mailing address Merchant Services Direct 1898 NW 141 Avenue Hollywood, FL 33028</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Business Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$488.13</p>
3.26	<p>Nonpriority creditor's name and mailing address Mircosale Pos Systems 1221 W Brandon Blvd. Oviedo, FL 32765</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Business Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$400.00</p>

Debtor Merchants Bankcard Systems of America, Inc. Case number (if known) _____
Name

3.27 Nonpriority creditor's name and mailing address **POS Distributors** **150 Business Park Way, Suite 6** **West Palm Beach, FL 33411** **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,311.02**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Business Debt
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.28 Nonpriority creditor's name and mailing address **Redfin Network** **654 S Military Trail** **Deerfield Beach, FL 33442** **As of the petition filing date, the claim is:** *Check all that apply.* **\$3,850.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Business Debt
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.29 Nonpriority creditor's name and mailing address **Resource Leasing** **610 Herndon Parkway, Suite 400** **Herndon, VA 20170** **As of the petition filing date, the claim is:** *Check all that apply.* **\$475.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Business Debt
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.30 Nonpriority creditor's name and mailing address **Secure Payment Systems** **P.O. Box 261149** **San Diego, CA 92196** **As of the petition filing date, the claim is:** *Check all that apply.* **\$771.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Business Debt
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.31 Nonpriority creditor's name and mailing address **Shred All LLLC** **1774 Slough Court** **Ocoee, FL 34761** **As of the petition filing date, the claim is:** *Check all that apply.* **\$76.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Business Debt
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.32 Nonpriority creditor's name and mailing address **Standard Parking** **901 S Miami Avenue, Suite 303** **Miami, FL 33130** **As of the petition filing date, the claim is:** *Check all that apply.* **\$3,699.02**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Business Debt
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.33 Nonpriority creditor's name and mailing address **Tendercard** **70 East Falmouth Highway, Suite 1** **East Falmouth, MA 02536** **As of the petition filing date, the claim is:** *Check all that apply.* **\$646,470.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Loan
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

Debtor Merchants Bankcard Systems of America, Inc. Case number (if known) _____
Name

3.34 Nonpriority creditor's name and mailing address **The Phoenix Group**
6705 Keaton Corporate Parkway
O Fallon, MO 63368
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$10,857.52**
 Contingent
 Unliquidated
 Disputed

Basis for the claim: **Business Debt**
 Is the claim subject to offset? No Yes

3.35 Nonpriority creditor's name and mailing address **Verizon Wireless**
PO Box 15062
Albany, NY 12212
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$480.56**
 Contingent
 Unliquidated
 Disputed

Basis for the claim: **Business Debt**
 Is the claim subject to offset? No Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	\$ 240,673.01
5b. Total claims from Part 2	+ \$ 1,665,669.99
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	\$ 1,906,343.00

Fill in this information to identify the case:

Debtor name Merchants Bankcard Systems of America, Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

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Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

<p>2.1. State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p>	<p>Debtor and Davos entered into a series of Asset Purchase Agreements and Settlement Agreements in March 2014, April 2015 and June 2015 by which Davos purchased 40 percent of the residual income from certain portfolios.</p>	<p>Davos Financial Corp. Brickell Bay Office Tower 2662 S. Bayshore Drive, #801 Miami, FL 33133</p>
<p>2.2. State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p>	<p>Third Party Organizational Marketing Agreement</p> <p>12/31/2016</p>	<p>TSYS Merchant Solutions Attn: Aaron D. Adams, Assoc. Gen. Csl. 1601 Dodge St. #23E Omaha, NE 68102</p>

Fill in this information to identify the case:

Debtor name Merchants Bankcard Systems of America, Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

Check if this is an amended filing

**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

**United States Bankruptcy Court
District of Massachusetts**

In re Merchants Bankcard Systems of America, Inc.

Debtor(s)

Case No.

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Philip Chait		100 percent	Stockholder

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date August 18, 2016

Signature /s/ Philip Chait
Philip Chait

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
District of Massachusetts**

In re Merchants Bankcard Systems of America, Inc. Debtor(s) Case No. _____
Chapter 11

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: August 18, 2016

/s/ Philip Chait
Philip Chait/President
Signer/Title

0291 Building L.C.
1920 E. Hallandale Beach Blvd.
Hallandale, FL 33009

Ace Terminals
12869 Capricorn Street
Stafford, TX 77477

Amir Dar
1898 NW 141 Avenue
Hollywood, FL 33028

Anthony Berk
2662 Riverview Drive
Naples, FL 34112

Apriva LLC
8501 N. Scottsdale Road, Suite 110
Paradise Valley, AZ 85253

AT&T
PO Box 105262
Atlanta, GA 30348

Barry Loomis
160 Yacht Club Way #108
Chicago, IL 60694

Biz Filings
39922 Treasury Center
Chicago, IL 60694

Bob Perez
PO Box 310165
Enterprise, AL 36330

Bond Street Servicing LLC
c/o First Associates
P.O.Box 503430
San Diego, CA 92150

Breakaway Restaurant Solutions
201 E Abram Street
Arlington, TX 76010

Bret Stabler
1125 Grandview Circle
West Palm Beach, FL 33411

Brian Cook
4600 South Ulster Street
Suite 940
Denver, CO 80237

Burke & Associates
400 Washington Street, Suite 408
Braintree, MA 02184

C&H Financial Services, Inc.
1 Westbrook Corporate Center, Suite 300
Westchester, IL 60154

Cindy Karwacki
23145 Cypress Bend Drive #512
Pompano Beach, FL 33069

Citrix Online
File 50264
Los Angeles, CA 90074

Comcast
PO Box 530098
Atlanta, GA 30353

Corporation Service Center
PO Box 13397
Philadelphia, PA 19101

Crystal Springs
PO Box 660579
Dallas, TX 75266

DAS Consulting Services, Inc.
13643 Ishnala Circle
Wellington, FL 33414

Davos Financial Corp.
Brickell Bay Office Tower
2662 S. Bayshore Drive, #801
Miami, FL 33133

Davos International Bank
Brickell Bay Office Tower
2662 S. Bayshore Drive, #801
Miami, FL 33133

Dejavoo Systems
1129 Northern Blvd., Suite 303
Manhasset, NY 11030

Debra Hallmark
751 E McNab Road #4
Pompano Beach, FL 33060

Denise Deters
3000 Oasis Grand Blvd., Unit #2406
Fort Myers, FL 33916

E Processing Network
16211 Park Ten Place
Houston, TX 77084

Eli A. Rosenberg
Baird Holm LLP
1700 Farnam Street, Ste. 1500
Omaha, NE 68102-2068

Falmouth Chamber of Commerce
20 Academy Lane
Falmouth, MA 02541

Frank Cernuto-Rep
3414 Harborside Court
Kissimmee, FL 34746

Gustavian Two LLC
1865 Brickwell Avenue, Suite 1411A
Miami, FL 33129

Hassan Alslamh
8457 Camino Real
Atascadero, CA 93422

Hirzel & Dreyfuss, PA
333 SE 2nd Avenue, 20th Floor
Miami, FL 33131

Humana Insurance
RMS
PO Box 280431
East Hartford, CT 06128

Jairo Morales-Rep
1835 NW 34 AVenue
Miami, FL 33125

Jason Anable
6630 Bevington Ridge Road, Unit B
Charlotte, NC 28277

Joe Rios
17611 Sierra Creek Lane
Humble, TX 77346

John Furnari
138 Ashumet Road, Apt. D6
East Falmouth, MA 02536

Kevin O'Connell - Rep
1704 Grand Avenue, Apt. D6
Asbury Park, NJ 07712

Kit Datson
815 Kentucky Avenue
Saint Cloud, FL 34769

Leeron Mirman
626 Travis Avenue
Staten Island, NY 10314

Leland Gaines
3410 Manatee Road
Tavares, FL 32778

Loma Cox - 2015
6875 FM 2492
Brownwood, TX 76801

Marc Mulcahy
7590 Brightwater Place
Oviedo, FL 32765

Marc Umstead
301 N Lewis Road
Pottstown, PA 19465

Marco Radicioni
2900 NE 14th Street Causeway, #402
Pompano Beach, FL 33062

Maria Coretes-Exp
2186 NE 56th Street, Apt. 108
Fort Lauderdale, FL 33308

McNamara & Yates, P.C.
PO Box 1196
128 Route 6A, 2nd Floor
Sandwich, MA 02563

Melody Longobardi
2 Taylor Road
South Yarmouth, MA 02664

Merchant Acquisition Group
121 Shattuck Way, Suite 16
Newington, NH 03801

Merchant Services Direct
1898 NW 141 Avenue
Hollywood, FL 33028

Mircosale Pos Systems
1221 W Brandon Blvd.
Oviedo, FL 32765

Monica Martinez - Rep
16400 Collins Avenue, Apt. 2143
North Miami Beach, FL 33160

Paul Chiumento
47 Taylor Road
Portsmouth, RI 02871

Paul Ross
5700 Camino Del Sol #102
Boca Raton, FL 33433

POS Distributors
150 Business Park Way, Suite 6
West Palm Beach, FL 33411

Ralph Pellegrini
850 West Falmouth Hwy (RT28A), Unit C4
West Falmouth, MA 02574

Ramez Kayaleh
7932 W Sand Lake Road
Orlando, FL 32819

Redfin Network
654 S Military Trail
Deerfield Beach, FL 33442

Resource Leasing
610 Herndon Parkway, Suite 400
Herndon, VA 20170

Ricardo A Abrev
1731 SW 9th Street
Miami, FL 33135

Secure Payment Systems
P.O. Box 261149
San Diego, CA 92196

Sherry Shive
1250 N Ocean Drive, Suite 4
West Palm Beach, FL 33404

Shred All LLC
1774 Slough Court
Ocoee, FL 34761

Standard Parking
901 S Miami Avenue, Suite 303
Miami, FL 33130

Tendercard
70 East Falmouth Highway, Suite 1
East Falmouth, MA 02536

The Phoenix Group
6705 Keaton Corporate Parkway
O Fallon, MO 63368

Timothy Umstead
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**United States Bankruptcy Court
District of Massachusetts**

In re Merchants Bankcard Systems of America, Inc.

Debtor(s)

Case No.

Chapter 11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Merchants Bankcard Systems of America, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

August 18, 2016

Date

/s/ David B. Madoff

David B. Madoff 552968

Signature of Attorney or Litigant

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