

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004026

FILED  
Feb 15, 2011  
Secretary of State

Entity Name: BEST PAYMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

5100 INTERCHANGE WAY  
LOUISVILLE, KY 40229

**New Principal Place of Business:**

**Current Mailing Address:**

5100 INTERCHANGE WAY  
LOUISVILLE, KY 40229

**New Mailing Address:**

FEI Number: 36-4376553      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: COYLE, ADAM  
Address: 5100 INTERCHANGE WAY  
City-St-Zip: LOUISVILLE, KY 40229

Title: S  
Name: GREENE, NED  
Address: 5100 INTERCHANGE WAY  
City-St-Zip: LOUISVILLE, KY 40229

Title: SVPD  
Name: NATOLI, JOSEPH  
Address: 5100 INTERCHANGE WAY  
City-St-Zip: LOUISVILLE, KY 40229

Title: SVPD  
Name: OBERMAN, JAMES M  
Address: 5100 INTERCHANGE WAY  
City-St-Zip: LOUISVILLE, KY 40229

Title: ATRS  
Name: THOMPSON, CHRIS  
Address: 5100 INTERCHANGE WAY  
City-St-Zip: LOUISVILLE, KY 40229

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: CHRIS THOMPSON

ATRS

02/15/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date