

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000004026

**Entity Name:** BEST PAYMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

5100 INTERCHANGE WAY  
LOUISVILLE, KY 40229

**Current Mailing Address:**

5100 INTERCHANGE WAY  
LOUISVILLE, KY 40229

**FEI Number: 36-4376553**

**Certificate of Status Desired: No**

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

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

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title S  
Name GREENE, NED  
Address 8500 GOVERNORS HILL DR  
City-State-Zip: CINCINNATI OH 45249

Title SVPD  
Name NATOLI, JOSEPH  
Address 8500 GOVERNORS HILL DR  
City-State-Zip: SYMMES TWP OH 45249

Title PRESIDENT  
Name OBERMAN, JAMES M  
Address 8500 GOVERNORS HILL DR  
City-State-Zip: SYMMES TWP OH 45249

Title ATRS  
Name THOMPSON, CHRIS  
Address 8500 GOVERNORS HILL DR  
City-State-Zip: CINCINNATI OH 45249

*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**

**ASST TREASURER**

**02/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date