

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000004026

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

**Current Principal Place of Business:**

8500 GOVERNORS HILL DRIVE  
CINCINNATI, OH 45249

**Current Mailing Address:**

8500 GOVERNORS HILL DRIVE  
CINCINNATI, OH 45249 US

**FEI Number: 36-4376553**

**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           DIRECTOR AND SECRETARY  
Name           GREENE, NELSON  
Address        8500 GOVERNORS HILL DR  
City-State-Zip: CINCINNATI OH 45249

Title           DIRECTOR AND COO  
Name           HEIMBOUCH, MARK  
Address        8500 GOVERNORS HILL DRIVE  
City-State-Zip: CINCINNATI OH 45249

Title           DIRECTOR AND PRESIDENT  
Name           HUBER, JOHN  
Address        8500 GOVERNORS HILL DRIVE  
City-State-Zip: CINCINNATI OH 45249

Title           CONTROLLER  
Name           THOMPSON, CHRISTOPHER  
Address        8500 GOVERNORS HILL DRIVE  
City-State-Zip: CINCINNATI OH 45249

Title           TREASURER  
Name           COOPER, TIMOTHY  
Address        8500 GOVERNORS HILL DRIVE  
City-State-Zip: CINCINNATI OH 45249

Title           ASSISTANT SECRETARY  
Name           WARNER, JARED  
Address        8500 GOVERNORS HILL DRIVE  
City-State-Zip: CINCINNATI OH 45249

Title           CFO  
Name           FERRIS, STEPHANIE  
Address        8500 GOVERNORS HILL DRIVE  
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: JARED WARNER**

**ASSISTANT SECRETARY    04/26/2017**

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

\_\_\_\_\_  
Date