

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000004026

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

**Current Principal Place of Business:**

8500 GOVERNORS HILL DRIVE CINCINNATI  
OH, OH 45249

**Current Mailing Address:**

8500 GOVERNORS HILL DRIVE CINCINNATI  
OH, OH 45249 US

**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 DIRECTOR  
Name MAYO, MARC M.  
Address 8500 GOVERNORS HILL DRIVE  
CINCINNATI  
City-State-Zip: OH OH 45249

Title DIRECTOR  
Name VASILEFF, ANN MARIA  
Address 8500 GOVERNORS HILL DRIVE  
CINCINNATI  
City-State-Zip: OH OH 45249

Title PRESIDENT  
Name NORCROSS, GARY A.  
Address 8500 GOVERNORS HILL DRIVE  
CINCINNATI  
City-State-Zip: OH OH 45249

Title TREASURER  
Name WOODALL, JAMES W  
Address 8500 GOVERNORS HILL DRIVE  
CINCINNATI  
City-State-Zip: OH OH 45249

Title SECRETARY  
Name KELLER, CHARLES H.  
Address 8500 GOVERNORS HILL DRIVE  
CINCINNATI  
City-State-Zip: OH 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: CHARLES H. KELLER**

**SECRETARY**

**04/22/2021**

Electronic Signature of Signing Officer/Director Detail

Date