


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 8:00 am
Secretary of State

06-12-2007 90109 030 ***150.00

DOCUMENT # F01000004026

1. Entity Name
BEST PAYMENT SOLUTIONS, INC.



Principal Place of Business Mailing Address

**710 QUAIL RIDGE DRIVE
 WESTMONT, IL 60559**

**401 N TRYON ST
 NC1-021-02-20
 CHARLOTTE, NC 28255**

40120446



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

**5111 Commerce Crossings Dr.
 Suite, Apt. #, etc.
 Ste 108**

**5111 Commerce Crossings Dr.
 Suite, Apt. #, etc.
 Ste 108**

05222007 Chg-P CR2E034 (12/06)

City & State City & State

Louisville, KY Louisville KY

Zip Country Zip Country

40229 USA 40229 USA

4. FEI Number Applied For

36-4376553 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

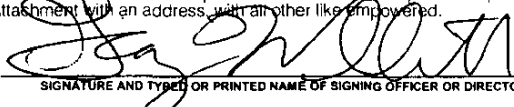
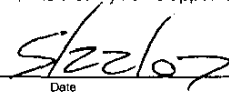
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PYKE, MARK F 401 N TRYON ST; NC1-021-02-20 CHARLOTTE, NC 28255	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, CEO, Director Thomas A. Wimsatt 5111 Commerce Crossings Dr. Ste 108 Louisville, KY 40229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COSTAMAGNA, CHRISTINE M 401 N TRYON ST; NC1-021-02-20 CHARLOTTE, NC 28255	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer George Willett 5111 Commerce Crossings Dr. Ste 108 Louisville, KY 40229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MELCHIOR, DANIEL J 401 N TRYON ST; NC1-021-02-20 CHARLOTTE, NC 28255	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Mark Schatz 5111 Commerce Crossings Dr. Ste 108 Louisville KY 40229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR WILK, JONATHAN 401 N TRYON ST; NC1-021-02-20 CHARLOTTE, NC 28255	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/Director Joseph M. Natoli 5111 Commerce Crossings Dr. Ste 108 Louisville KY 40229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MAYS, SUSAN D 401 N TRYON ST; NC1-021-02-20 CHARLOTTE, NC 28255	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/Director James M. Oberman 5111 Commerce Crossings Dr. Ste 108 Louisville KY 40229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John Dills 5111 Commerce Crossings Dr. Ste 108 Louisville KY 40229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE:  

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #