

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004026

FILED
May 02, 2008
Secretary of State

Entity Name: BEST PAYMENT SOLUTIONS, INC.

Current Principal Place of Business:

5111 COMMERCE CROSSINGS DR STE 108
LOUISVILLE, KY 40229

New Principal Place of Business:

5100 INTERCHANGE WAY
LOUISVILLE, KY 40229

Current Mailing Address:

5111 COMMERCE CROSSINGS DR STE 108
LOUISVILLE, KY 40229

New Mailing Address:

5100 INTERCHANGE WAY
LOUISVILLE, KY 40229

FEI Number: 36-4376553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCED () Delete
Name: WIMSETT, THOMSA A
Address: 5111 COMMERCE CROSSINGS DR STE 108
City-St-Zip: LOUISVILLE, KY 40229

Title: T (X) Delete
Name: WILLETT, GEORGE
Address: 5111 COMMERCE CROSSINGS DR STE 108
City-St-Zip: LOUISVILLE, KY 40229

Title: S () Delete
Name: SCHATZ, MARK
Address: 5111 COMMERCE CROSSINGS DR STE 108
City-St-Zip: LOUISVILLE, KY 40229

Title: SVPD () Delete
Name: NATOLI, JOSEPH
Address: 5111 COMMERCE CROSSINGS DR STE 108
City-St-Zip: LOUISVILLE, KY 40229

Title: SVPD () Delete
Name: OBERMAN, JAMES M
Address: 5111 COMMERCE CROSSINGS DR STE 108
City-St-Zip: LOUISVILLE, KY 40229

Title: D () Delete
Name: DILLS, JOHN
Address: 5111 COMMERCE CROSSINGS DR STE 108
City-St-Zip: LOUISVILLE, KY 40229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCED (X) Change () Addition
Name: WIMSETT, THOMAS A
Address: 5100 INTERCHANGE WAY
City-St-Zip: LOUISVILLE, KY 40229

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SCHATZ, MARK
Address: 5100 INTERCHANGE WAY
City-St-Zip: LOUISVILLE, KY 40229

Title: SVPD (X) Change () Addition
Name: NATOLI, JOSEPH
Address: 5100 INTERCHANGE WAY
City-St-Zip: LOUISVILLE, KY 40229

Title: SVPD (X) Change () Addition
Name: OBERMAN, JAMES M
Address: 5100 INTERCHANGE WAY
City-St-Zip: LOUISVILLE, KY 40229

Title: D (X) Change () Addition
Name: DILLS, JOHN
Address: 5100 INTERCHANGE WAY
City-St-Zip: LOUISVILLE, KY 40229

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS A WIMSETT

PCED

05/02/2008

Electronic Signature of Signing Officer or Director

Date