

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004026

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: BEST PAYMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

710 QUAIL RIDGE DRIVE  
WESTMONT, IL 60559

**New Principal Place of Business:**

**Current Mailing Address:**

710 QUAIL RIDGE DRIVE  
WESTMONT, IL 60559

**New Mailing Address:**

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

FEI Number: 36-4376553      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PYKE, MARK  
Address: 1231 DURRETT LANE  
City-St-Zip: LOUISVILLE, KY 40213

Title: S ( ) Delete  
Name: LANGER, CARL  
Address: 1900 EAST NINTH STREET  
City-St-Zip: CLEVELAND, OH 44114

Title: T ( ) Delete  
Name: LANHAM, KELLY  
Address: 1231 DURRETT LANE  
City-St-Zip: LOUISVILLE, KY 40213

Title: AS ( ) Delete  
Name: FOUNTAIN, DAVID  
Address: 1231 DURRETT LANE  
City-St-Zip: LOUISVILLE, KY 40213

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PHILLIPS, PATRICK  
Address: 401 N TRYON ST; NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: S (X) Change ( ) Addition  
Name: COSTAMAGNA, CHRISTINE M  
Address: 401 N TRYON ST; NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: T (X) Change ( ) Addition  
Name: HOBBY, GREGORY W  
Address: 401 N TRYON ST; NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: DIR (X) Change ( ) Addition  
Name: WILK, JONATHAN  
Address: 401 N TRYON ST; NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICK PHILLIPS

PRES

04/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date