


**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**      **401 N TRYON ST**  
**WESTMONT, IL 60559**      **NC1-021-02-20**  
**CHARLOTTE, NC 28255**

40120446



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

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

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:       Date:       Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR