

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004026

FILED
Feb 15, 2011
Secretary of State

Entity Name: BEST PAYMENT SOLUTIONS, INC.

Current Principal Place of Business:

5100 INTERCHANGE WAY
LOUISVILLE, KY 40229

New Principal Place of Business:

Current Mailing Address:

5100 INTERCHANGE WAY
LOUISVILLE, KY 40229

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: COYLE, ADAM
Address: 5100 INTERCHANGE WAY
City-St-Zip: LOUISVILLE, KY 40229

Title: S
Name: GREENE, NED
Address: 5100 INTERCHANGE WAY
City-St-Zip: LOUISVILLE, KY 40229

Title: SVPD
Name: NATOLI, JOSEPH
Address: 5100 INTERCHANGE WAY
City-St-Zip: LOUISVILLE, KY 40229

Title: SVPD
Name: OBERMAN, JAMES M
Address: 5100 INTERCHANGE WAY
City-St-Zip: LOUISVILLE, KY 40229

Title: ATRS
Name: THOMPSON, CHRIS
Address: 5100 INTERCHANGE WAY
City-St-Zip: LOUISVILLE, KY 40229

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: CHRIS THOMPSON

ATRS

02/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date