

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004868

Entity Name: LINK2GOV CORP.

FILED
Mar 19, 2011
Secretary of State

Current Principal Place of Business:

ONE BURTON HILLS BLVD
SUITE 300
NASHVILLE, TN 37215

New Principal Place of Business:

113 SEABOARD LANE
SUITE A-200
FRANKLIN, TN 38133

Current Mailing Address:

ONE BURTON HILLS BLVD
SUITE 300
NASHVILLE, TN 37215

New Mailing Address:

113 SEABOARD LANE
SUITE A-200
FRANKLIN, TN 38133

FEI Number: 62-1868563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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: LEVY, RICHARD A
Address: 113 SEABOARD LANE, SUITE, A-200
City-St-Zip: FRANKLIN, TN 38133

Title: VP
Name: LOMBARDI, STACEY A
Address: 113 SEABOARD LANE, SUITE A-200
City-St-Zip: FRANKLIN, TN 38133

Title: DSEC
Name: GRAVELLE, MICHAEL L
Address: 113 SEABOARD LANE, SUITE A-200
City-St-Zip: FRANKLIN, TN 38133

Title: TRES
Name: LARSEN, KIRK T
Address: 113 SEABOARD LANE, SUITE A-200
City-St-Zip: FRANKLIN, TN 38133

Title: DIR
Name: NORCROSS, GARY A
Address: 113 SEABOARD LANE, SUITE A-200
City-St-Zip: FRANKLIN, TN 38133

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: KELLY LETTMANN

POA

03/19/2011

Electronic Signature of Signing Officer or Director

_____ Date