2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000002665

1. Entity Name
NATIONAL PROCESSING COMPANY, LLC

Principal Place of Business	Mailing Address
1231 DURRETT LANE LOUISVILLE, KY 40213	1231 DURRETT LANE LOUISVILLE, KY 40213

DO NOT WRITE IN THIS SPACE

01212004No Chg-LLC CR2E083 (10/03)

4. FEI Number
61-1149904

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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)

Filing Fee is $50.00
Due by May 1, 2004

U00000017161
01/28/04-80084-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GORNEY, JON
STREET ADDRESS	1231 DURRETT LANE
CITY-ST-ZIP	LOUISVILLE, KY 40213
TITLE	MGR
NAME	MARTIN, NORMAN
STREET ADDRESS	1231 DURRETT LANE
CITY-ST-ZIP	LOUISVILLE, KY 40213
TITLE	MGR
NAME	PYKE, MARK
STREET ADDRESS	1231 DURRETT LANE
CITY-ST-ZIP	LOUISVILLE, KY 40213
TITLE	MGR
NAME	ROBINS, ROBERT
STREET ADDRESS	1231 DURRETT LANE
CITY-ST-ZIP	LOUISVILLE, KY 40213
TITLE	MGR
NAME	FOUNTAIN, DAVID
STREET ADDRESS	1231 DURRETT LANE
CITY-ST-ZIP	LOUISVILLE, KY 40213
TITLE	MGR
NAME	BARTH, ERIC
STREET ADDRESS	1231 DURRETT LANE
CITY-ST-ZIP	LOUISVILLE, KY 40213

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 1/21/04 (502) 315-3328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #