

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002665

FILED
Feb 28, 2005
Secretary of State

Entity Name: BA MERCHANT SERVICES, LLC

Current Principal Place of Business:

1231 DURRETT LANE
LOUISVILLE, KY 40213

New Principal Place of Business:

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

Current Mailing Address:

1231 DURRETT LANE
LOUISVILLE, KY 40213

New Mailing Address:

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

FEI Number: 61-1149904

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

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GORNEY, JON
Address: 1231 DURRETT LANE
City-St-Zip: LOUISVILLE, KY 40213

Title: MGR () Delete
Name: MARTIN, NORMAN
Address: 1231 DURRETT LANE
City-St-Zip: LOUISVILLE, KY 40213

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

Title: MGR (X) Delete
Name: ROBINS, ROBERT
Address: 1231 DURRETT LANE
City-St-Zip: LOUISVILLE, KY 40213

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

Title: MGR (X) Delete
Name: BARTH, ERIC
Address: 1231 DURRETT LANE
City-St-Zip: LOUISVILLE, KY 40213

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: MAYS, SUSAN D
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic 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: SUSAN D MAYS

MGR

02/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date