

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020173

FILED  
Jan 12, 2011  
Secretary of State

**Entity Name:** ACH PAYMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

6919 TREYMORE CT.  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

6919 TREYMORE CT.  
SARASOTA, FL 34243

**New Mailing Address:**

**FEI Number:** 32-0007048

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAUER, JULIA W  
6919 TREYMORE CT.  
SARASOTA, FL 34243 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: DP  
Name: EDELEN, RICHARD C  
Address: 3969 FAIRWAY DR.  
City-St-Zip: NORTH PORT, FL 34287

Title: DST  
Name: SAUER, JULIA W  
Address: 6919 TREYMORE COURT  
City-St-Zip: SARASOTA, FL 34243

Title: DV  
Name: PLAPPERT, JAMES L  
Address: 8 ANCHORAGE POINT  
City-St-Zip: LOUISVILLE, KY 40223

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: JULIA W. SAUER

DST

01/12/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date