

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 24 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08112008 Chg-P CR2E034 (12/06)

DOCUMENT # P25464 1. Entity Name TRANSACTION TECHNOLOGY CORPORATION																																																																																																																	
Principal Place of Business 22 SOUTH MAIN STREET GREENVILLE, SC 29601 US			Mailing Address P.O. BOX 8695 GREENVILLE, SC 29604 US																																																																																																														
2. Principal Place of Business - No P.O. Box # Ste 410, 75 Beattie Place Suite, Apt. #, etc. Suite 410 City & State Greenville, SC Zip 29601		3. Mailing Address P. O. Box 8695 Suite, Apt. #, etc. City & State Greenville, SC Zip 29604		4. FEI Number 57-0757882 Applied For ☐ Not Applicable																																																																																																													
Country USA		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																													
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																	
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MR</td> <td style="width: 10%; text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>HARRISON, EDWARD PRES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>316 BYRD BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GREENVILLE, SC 29601</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MR</td> <td style="text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>HARRISON, JERRY CHRMN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1430 MARYLAND AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SPARTANBURG, SC 29307</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">President/Treasurer</td> <td style="width: 10%; text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>Kurt Herwald</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Suite 410, 75 Beattie Place</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Greenville, SC 29601</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Vice President/Secretary</td> <td style="text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>Jerry Harrison</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Suite 410, 75 Beattie Place</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Greenville, SC 29601</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	MR	☒ Delete	NAME	HARRISON, EDWARD PRES		STREET ADDRESS	316 BYRD BLVD		CITY-ST-ZIP	GREENVILLE, SC 29601		TITLE	MR	☒ Delete	NAME	HARRISON, JERRY CHRMN		STREET ADDRESS	1430 MARYLAND AVE		CITY-ST-ZIP	SPARTANBURG, SC 29307		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	President/Treasurer	☒ Change ☐ Addition	NAME	Kurt Herwald		STREET ADDRESS	Suite 410, 75 Beattie Place		CITY-ST-ZIP	Greenville, SC 29601		TITLE	Vice President/Secretary	☒ Change ☐ Addition	NAME	Jerry Harrison		STREET ADDRESS	Suite 410, 75 Beattie Place		CITY-ST-ZIP	Greenville, SC 29601	☐ Change ☐ Addition	TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																	
SIGNATURE: _____ (864) 271-6522 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																	

9/24