

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000004591

1. Entity Name
PAYSPOT, INC.



Principal Place of Business
**4601 COLLEGE BLVD., SUITE 300
LEAWOOD, KS 66211**

Mailing Address
**4601 COLLEGE BLVD., SUITE 300
LEAWOOD, KS 66211**



02022006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0216173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WELLER, RICK
STREET ADDRESS	4601 COLLEGE BLVD., SUITE 300
CITY-ST-ZIP	LEAWOOD, KS 66211

TITLE	SD
NAME	NEWMAN, JEFFREY
STREET ADDRESS	4601 COLLEGE BLVD., SUITE 300
CITY-ST-ZIP	LEAWOOD, KS 66211

TITLE	VP
NAME	BODINE, JOSEPH
STREET ADDRESS	4601 COLLEGE BLVD., SUITE 300
CITY-ST-ZIP	LEAWOOD, KS 66211

TITLE	T
NAME	METTEMAYER, ERIC
STREET ADDRESS	4601 COLLEGE BLVD., SUITE 300
CITY-ST-ZIP	LEAWOOD, KS 66211

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/06
Date

913-329-4245
Daytime Phone #