

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000020173

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

**Current Principal Place of Business:**

6919 TREYMORE CT.  
SARASOTA, FL 34243

**Current Mailing Address:**

6919 TREYMORE CT.  
SARASOTA, FL 34243

**FEI Number: 32-0007048**

**Certificate of Status Desired: No**

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

SAUER, JULIA W  
6919 TREYMORE CT.  
SARASOTA, FL 34243 US

*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

**Officer/Director Detail :**

Title DP  
Name EDELEN, RICHARD C  
Address 3969 FAIRWAY DR.  
City-State-Zip: NORTH PORT FL 34287

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

Title DV  
Name PLAPPERT, JAMES L  
Address 8 ANCHORAGE POINT  
City-State-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**

**VP OPERATIONS**

**01/21/2015**

Electronic Signature of Signing Officer/Director Detail

Date