

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M2100000280

**Entity Name:** PAYG, LLC

**Current Principal Place of Business:**

751 ARBOR WAY, ARBOR CREST I  
SUITE:150  
BLUE BELL, PA 19422

**Current Mailing Address:**

751 ARBOR WAY, ARBOR CREST I  
SUITE:150  
BLUE BELL, PA 19422 US

**FEI Number:** 45-2506576

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Authorized Person(s) Detail :**

Title: MANAGER, PRESIDENT, AND SECRETARY  
Name: KORNMANN, BRIAN  
Address: 751 ARBOR WAY, ARBOR CREST I SUITE:150  
City-State-Zip: BLUE BELL PA 19422

Title: MANAGER AND CEO  
Name: BLOSS, GEOFFREY  
Address: 751 ARBOR WAY, ARBOR CREST I SUITE:150  
City-State-Zip: BLUE BELL PA 19422

Title: MANAGER AND VICE PRESIDENT  
Name: KLEIN, JESSE  
Address: 751 ARBOR WAY, ARBOR CREST I SUITE:150  
City-State-Zip: BLUE BELL PA 19422

Title: MANAGER AND VICE PRESIDENT  
Name: DUNN, ROBERT C  
Address: 751 ARBOR WAY, ARBOR CREST I SUITE:150  
City-State-Zip: BLUE BELL PA 19422

Title: MANAGER  
Name: CUNNINGHAM, JOHN P  
Address: 751 ARBOR WAY, ARBOR CREST I SUITE:150  
City-State-Zip: BLUE BELL PA 19422

Title: MANAGER  
Name: AHEARN, FRANCIS X  
Address: 751 ARBOR WAY, ARBOR CREST I SUITE:150  
City-State-Zip: BLUE BELL PA 19422

Title: TREASURER  
Name: BOROW, ELIZABETH  
Address: 751 ARBOR WAY, ARBOR CREST I SUITE:150  
City-State-Zip: BLUE BELL PA 19422

Title: VP  
Name: MILBURN, CLAYTON  
Address: 751 ARBOR WAY, ARBOR CREST I SUITE:150  
City-State-Zip: BLUE BELL PA 19422

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*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EILEEN COHAN

**ASSISTANT SECRETARY** 04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title CFO  
Name FECHTER, DOUGLAS  
Address 751 ARBOR WAY, ARBOR CREST I  
SUITE:150  
City-State-Zip: BLUE BELL PA 19422

Title ASST. SECRETARY  
Name COHAN, EILEEN  
Address 751 ARBOR WAY, ARBOR CREST I  
SUITE:150  
City-State-Zip: BLUE BELL PA 19422