

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004026

Entity Name: BEST PAYMENT SOLUTIONS, INC.

Current Principal Place of Business:

5100 INTERCHANGE WAY
LOUISVILLE, KY 40229

Current Mailing Address:

8500 GOVERNORS HILL DRIVE
CINCINNATI, OH 45249 US

FEI Number: 36-4376553

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

Officer/Director Detail :

Title S
Name GREENE, NELSON
Address 8500 GOVERNORS HILL DR
City-State-Zip: CINCINNATI OH 45249

Title PRESIDENT
Name OBERMAN, JAMES M
Address 8500 GOVERNORS HILL DR
City-State-Zip: SYMMES TWP OH 45249

Title CFO
Name HEIMBOUCH, MARK
Address 8500 GOVERNORS HILL DRIVE
City-State-Zip: CINCINNATI OH 45249

Title ASSISTANT SECRETARY
Name HUBER, JOHN
Address 8500 GOVERNORS HILL DRIVE
City-State-Zip: CINCINNATI OH 45249

Title CONTROLLER
Name THOMPSON, CHRISTOPHER
Address 8500 GOVERNORS HILL DRIVE
City-State-Zip: CINCINNATI OH 45249

Title TREASURER
Name COOPER, TIMOTHY
Address 8500 GOVERNORS HILL DRIVE
City-State-Zip: CINCINNATI OH 45249

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: JOHN HUBER

ASSISTANT SECRETARY 04/11/2014

Electronic Signature of Signing Officer/Director Detail

Date