

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004026

Entity Name: BEST PAYMENT SOLUTIONS, INC.

Current Principal Place of Business:

8500 GOVERNORS HILL DRIVE CINCINNATI
OH, OH 45249

Current Mailing Address:

8500 GOVERNORS HILL DRIVE CINCINNATI
OH, OH 45249 US

FEI Number: 36-4376553

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name MAYO, MARC M.
Address 8500 GOVERNORS HILL DRIVE
CINCINNATI
City-State-Zip: OH OH 45249

Title DIRECTOR
Name VASILEFF, ANN MARIA
Address 8500 GOVERNORS HILL DRIVE
CINCINNATI
City-State-Zip: OH OH 45249

Title PRESIDENT
Name NORCROSS, GARY A.
Address 8500 GOVERNORS HILL DRIVE
CINCINNATI
City-State-Zip: OH OH 45249

Title TREASURER
Name WOODALL, JAMES W
Address 8500 GOVERNORS HILL DRIVE
CINCINNATI
City-State-Zip: OH OH 45249

Title SECRETARY
Name KELLER, CHARLES H.
Address 8500 GOVERNORS HILL DRIVE
CINCINNATI
City-State-Zip: OH 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: CHARLES H. KELLER

SECRETARY

04/22/2021

Electronic Signature of Signing Officer/Director Detail

Date