

BOB OOOOOO230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

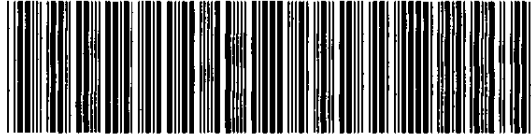
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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G. MCLEOD  
JAN 13 2010  
EXAMINER



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01/11/10--01064--001 \*\*52.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 JAN 12 AM 11:31



January 5, 2010

Florida Department of State  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Payment Transaction Solutions, L.P.  
Notice of Cancellation

Dear Sir or Madam:

Enclosed for filing in the above referenced matter, please find an original and one copy of the Cover Letter and Notice of Cancellation for Foreign Limited Partnership for one of our subsidiary corporations, Payment Transaction Solutions, L. P. It was a Tennessee Limited Partnership that was merged into one of our other subsidiaries.

Please file the original and file stamp the additional copy and return the copy to my office in the enclosed, stamped, self-addressed envelope.

Thank you for your assistance in this matter.

Very sincerely yours,

A handwritten signature in black ink, appearing to be "Lloyd R. Chatham", written over a large, stylized loop.

Lloyd R. Chatham  
Vice-President and General Counsel  
Payment Alliance International, Inc.

LRC/lhc  
Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PAYMENT TRANSACTION SOLUTIONS, L.P.  
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOHN J. LEEHY, III  
(Contact Person)

PAYMENT ALLIANCE INTERNATIONAL, INC.  
(Firm/Company)

11857 COMMONWEALTH DR.  
(Address)

LOUISVILLE, KY 40299  
(City, State and Zip Code)

For further information concerning this matter, please call:

LYND CHATHAM at ( 601 ) 863-2157  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee       \$61.25 Filing Fee and Certificate of Status       \$105.00 Filing Fee and Certified Copy       \$113.75 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

NOTICE OF CANCELLATION  
FOR  
FOREIGN LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP

PAYMENT TRANSACTION SOLUTIONS, L.P.  
(Name of limited partnership or limited liability limited partnership)

TENNESSEE  
(Jurisdiction of formation)

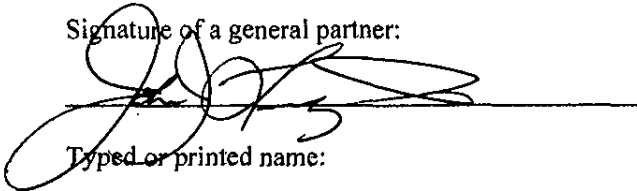
10-9-2008  
(Date authorized to transact business in Florida)

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: DATE OF FILING.  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:



Typed or printed name:

JOHN J. LEAHY, III

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

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