


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90096 020 ***150.00

DOCUMENT # F0000002212 1. Entity Name CHECKFREEPAY CORPORATION					
Principal Place of Business 15 STERLING DR WALLINGFORD, CT 06492			Mailing Address 15 STERLING DR WALLINGFORD, CT 06492		
2. Principal Place of Business - No P.O. Box # ABOVE		3. Mailing Address ABOVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-1291316	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COB JOHNSON, MARK A 4411 E. JONES BRIDGE RD NORCROSS, GA 30092	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	COB, D CHARLES W. SPRAGUE 255 FISERV DRIVE BROOKFIELD, CT 06045
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANGUM, DAVID 4411 E. JONES BRIDGE RD NORCROSS, GA 30092	<input checked="" type="checkbox"/> Delete	
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LABELLA, STEVEN L 15 STERLING DR WALLINGFORD, CT 06492	<input checked="" type="checkbox"/> Delete	
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MADSEN, KEVEN M 4411 E JONES BRIDGE RD NORCROSS, GA 30092	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS ESTELLE, DONNA M 15 STERLING DRIVE WALLINGFORD, CT 06492	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	GMVP LEWIS, MATHEW L 4411 E JONES BRIDGE RD NORCROSS, GA 30092	<input checked="" type="checkbox"/> Delete	
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP GM PAUL D. HARRISON 15 STERLING DRIVE WALLINGFORD, CT 06492	<input checked="" type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Donna M Estelle</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/8/08</u> Daytime Phone #: <u>203-679-4804</u>		