

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004026

FILED
Apr 26, 2005
Secretary of State

Entity Name: BEST PAYMENT SOLUTIONS, INC.

Current Principal Place of Business:

710 QUAIL RIDGE DRIVE
WESTMONT, IL 60559

New Principal Place of Business:

Current Mailing Address:

710 QUAIL RIDGE DRIVE
WESTMONT, IL 60559

New Mailing Address:

401 N TRYON ST
NC1-021-02-20
CHARLOTTE, NC 28255

FEI Number: 36-4376553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PYKE, MARK
Address: 1231 DURRETT LANE
City-St-Zip: LOUISVILLE, KY 40213

Title: S () Delete
Name: LANGER, CARL
Address: 1900 EAST NINTH STREET
City-St-Zip: CLEVELAND, OH 44114

Title: T () Delete
Name: LANHAM, KELLY
Address: 1231 DURRETT LANE
City-St-Zip: LOUISVILLE, KY 40213

Title: AS () Delete
Name: FOUNTAIN, DAVID
Address: 1231 DURRETT LANE
City-St-Zip: LOUISVILLE, KY 40213

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PHILLIPS, PATRICK
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: S (X) Change () Addition
Name: COSTAMAGNA, CHRISTINE M
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: T (X) Change () Addition
Name: HOBBY, GREGORY W
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: DIR (X) Change () Addition
Name: WILK, JONATHAN
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICK PHILLIPS

PRES

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date