

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90198 048 ***158.75

DOCUMENT # F02000001965

1. Entity Name
NATIONAL PROCESSING COMPANY OF NEBRASKA



Principal Place of Business
**20405 STATE HIGHWAY 249, SUITE 700
HOUSTON, TX 77070**

Mailing Address
**20405 STATE HIGHWAY 249, SUITE 700
HOUSTON, TX 77070**

00001927



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
47-0770502

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
NATOLI, JOSEPH M
20405 STATE HIGHWAY 249, SUITE 700
HOUSTON, TX 77070**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
LEVITT, BERNARD
20405 STATE HIGHWAY 249, SUITE 700
HOUSTON, TX 77070**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
OBERMAN, JIM
20405 STATE HIGHWAY 249, SUITE 700
HOUSTON, TX 77070**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WIMSETT, TOM
20405 STATE HWY 249, STE 700
HOUSTON, TX 77070**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/07

281-376-3399