2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F02000001965 04-01-2008 90005 034 ***158.75 NATIONAL PROCESSING COMPANY OF NEBRASKA Principal Place of Business Mailing Address 20405 STATE HIGHWAY 249, SUITE 700 20405 STATE HIGHWAY 249, SUITE 700 HOUSTON, TX 77070 HOUSTON, TX 77070 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5100 Interchange Way 5100 Interchange Way 03192008 CR2E034 (12/06) Cha-P Applied For City & State City & State 4. FEI Number Louisuille 47-0770502 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code Fl 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. EVP/S EVP TITLE ☐ Delete TITLE Change ☐ Addition NATOLI, JOSEPH M NAME NAME 5100 Interchange Way STREET ADDRESS 20405 STATE HIGHWAY 249, SUITE 700 STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77070 CITY-ST-ZIP · Louisville, Ky 40229 SEC TITLE Delete TITLE Sec ☐ Change Addition mark Schatz LEVITT, BERNARD NAME MAME 5100 Interchange Way STREET ADORESS 20405 STATE HIGHWAY 249, SUITE 700 STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77070 CITY-ST-ZIP <u>Louisu: He, K4</u> EVE/B FVP TITLE ☐ Delete TITLE Change ☐ Addition OBERMAN, JIM NAME NAME 5100 Interchange Way STREET ADDRESS 20405 STATE HIGHWAY 249, SUITE 700 STREET ADDRESS Louisville KY 40229 CITY-ST-ZIP HOUSTON, TX 77070 CITY-ST-ZIP P/15 ☐ Delete TITLE Change ☐ Addition TITLE WIMSETT, TOM NAME NAME 5,00 Interchange way 20405 STATE HWY 249, STE 700 STREET ADDRESS STREET ADDRESS Louisville, KY 40229 CITY-ST-ZIP HOUSTON, TX 77070 CITY-ST-ZIP □ Delete ☐ Change Addition TITLE TITLE John Miller NAME NAME 5100 Interchange Way STREET ADDRESS STREET ADDRESS 40229 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with his 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 lepgrt is frue 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 repeir for trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

John Miller

SIGNATURE:

FILED Apr 01, 2008 8:00 am

<u>502-961-5200</u>