## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000004023

**Entity Name: PAYFORMANCE CORPORATION** 

FILED Jun 30, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	RWOOD PAF /ILLE, FL 322	RK BLVD, STE 300 562805				
Current Mailing Address:			New Mailing Address:			
	RWOOD PAF /ILLE, FL 322	RK BLVD, STE 300 562805				
FEI Number:	59-3259342	FEI Number Applied For()	FEI Number Not Appl	licable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
	OBERT G RWOOD PAF /ILLE, FL 322	RK BLVD, STE 300 562805 US				
The above in the State		submits this statement for the pu	urpose of changing i	ts registered	office or registered agent, or bo	oth,
SIGNATUR	E:					
	Electror	ic Signature of Registered Age	nt		Date	
		3(2)(b), F.S., the corporation did not	receive the prior notic	e.		
	AND DIREC	g Trust Fund Contribution (  ). TORS:	ADDITION	IS/CHANGES	TO OFFICERS AND DIREC	TORS:
Title: Name: Address: City-St-Zip:	CLOUGH, PHIL 10550 DEERW	Delete LIP OOD PARK BLVD, STE 300 E, FL 322562805	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MCAFEE, DWA 10550 DEERW	Delete YNE L OOD PARK BLVD, STE 300 E, FL 322562805	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MEADOW, WIL 10550 DEERW	Delete LIAM D OOD PARK BLVD, STE 300 E, FL 322562805	Title: Name: Address: City-St-Zip:	MEADOW, WI 7950 JAMES I		
Title: Name: Address: City-St-Zip:	MAYER, DAVID 10550 DEERW	Delete W OOD PARK BLVD, STE 300 E, FL 322562805	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MCCOIL, KEITI 10550 DEERW	Delete HOOD PARK BLVD, STE 300 E, FL 322562805	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	RATHBURN, SH 10550 DEERW	Delete HERRY OOD PARK BLVD, STE 300 E, FL 322562805	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	

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: DAVID W. MAYER TS 06/30/2005