


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2008 8:00 am**  
**Secretary of State**

07-21-2008 90026 006 \*\*\*150.00

<b>DOCUMENT # F05000005144</b> 1. Entity Name: TIER TECHNOLOGIES, INC.					
Principal Place of Business 10780 PARKRIDGE BLVD., SUITE 400 RESTON, VA 20191			Mailing Address 10780 PARKRIDGE BLVD., SUITE 400 RESTON, VA 20191		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>94-3145844</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For 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	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FOUNTAIN, DAVID 10780 PARKRIDGE BLVD., SUITE 400 RESTON, VA 20191	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Ronald Johnston 10780 Parkridge Blvd Ste 400 Reston, VA 20191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAWLER, MICHAEL A 10780 PARKRIDGE BLVD., SUITE 400 RESTON, VA 20191	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TULLY, DEANNE M 10780 PARKRIDGE BLVD., SUITE 400 RESTON, VA 20191	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, General Counsel Keith Omsberg 10780 Parkridge Blvd, Ste 400 Reston, VA 20191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VUCOVICH, TODD 10780 PARKRIDGE BLVD., SUITE 400 RESTON, VA 20191	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr VP Steven Beckerman 10780 Parkridge Blvd Ste 400 Reston, VA 20191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONNELL, KEVIN 10780 PARKRIDGE BLVD., SUITE 400 RESTON, VA 20191	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ROSSETTI, RONALD L 10780 PARKRIDGE BLVD., SUITE 400 RESTON, VA 20191	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>John Goszek</i> <b>John Goszek</b> VP, Controller <b>07/08/08</b> <b>571-382-1000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					