

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000005749

1. Entity Name
BOTTOM LINE SYSTEMS, INC.



Principal Place of Business

**541 BUTTERMILK PIKE, SUITE 401
CRESCENT SPRINGS, KY 41017**

Mailing Address

**541 BUTTERMILK PIKE, SUITE 401
CRESCENT SPRINGS, KY 41017**



03152008 No Chg-P CR2E034 (11/05)

4. FEI Number
61-1302361

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCD
NAME STEVENS, ROBERT B
STREET ADDRESS 541 BUTTERMILK PIKE, SUITE 401
CITY-ST-ZIP CRESCENT SPRINGS, KY 41017

TITLE VTD
NAME BENZINGER, GERALD
STREET ADDRESS 207 THOMAS MORE PARKWAY
CITY-ST-ZIP CRESTVIEW HILLS, KY 41017

TITLE SD
NAME HOFFER, ROBERT
STREET ADDRESS 207 THOMAS MORE PARKWAY
CITY-ST-ZIP CRESTVIEW HILLS, KY 41017

TITLE D
NAME DRESSMAN, JAMES
STREET ADDRESS 207 THOMAS MORE PARKWAY
CITY-ST-ZIP CRESTVIEW HILLS, KY 41017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/27/08-80098-023 150.00

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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert G. STEVENS 4/30/08

Date

Daytime Phone #