

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007283

FILED  
Sep 14, 2007  
Secretary of State

Entity Name: HARBOR PAYMENTS CORPORATION

## Current Principal Place of Business:

1900 EMERY STREET NW, 2ND FIR  
ATLANTA, GA 30318

## New Principal Place of Business:

400 GALLERIA PARKWAY  
SUITE 700  
ATLANTA, GA 30339

## Current Mailing Address:

1900 EMERY STREET NW, 2ND FIR  
ATLANTA, GA 30318

## New Mailing Address:

400 GALLERIA PARKWAY  
SUITE 700  
ATLANTA, GA 30339

FEI Number: 58-1465707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BAHL, ASHISH  
Address: 215 SOUTH OCEAN GRANDE DRIVE, UNIT #206  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S (X) Delete  
Name: QUILLIAN, DAVID  
Address: 787 WOODLEY DR.  
City-St-Zip: ATLANTA, GA 30318

Title: T (X) Delete  
Name: ROGOFF, COLIN  
Address: 1341 MILE POST DR.  
City-St-Zip: ATLANTA, GA 30338

Title: D (X) Delete  
Name: LOCKHART, ANN H  
Address: ONE GORHAM ISLAND  
City-St-Zip: WESTPORT, CT 06880

Title: D (X) Delete  
Name: LOCKHART, GENE  
Address: ONE GORHAM ISLAND  
City-St-Zip: WESTPORT, CT 06880

Title: D (X) Delete  
Name: MAZZILLI, PHILIP  
Address: 321 EDWARDS BROOK LANE  
City-St-Zip: CANTON, GA 30115

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHANTHINI ABEYESUNDERE

FIN

09/14/2007

Electronic Signature of Signing Officer or Director

Date