
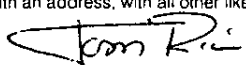


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90040 047 \*\*\*150.00

<b>DOCUMENT # F06000001205</b> 1. Entity Name <b>MPI MERCHANT PROCESSING, INC.</b>					
Principal Place of Business <b>17575 SW TUALATIN VALLEY HWY BEAVERTON, OR 97006</b>			Mailing Address <b>14845 SW SCHOLLS DR SUITE 110, PMB 108 BEAVERTON, OR 97007</b>		
2. Principal Place of Business - No P.O. Box # <b>1600 NW COMPTON Dr</b>		3. Mailing Address			
Suite, Apt. #, etc. <b>#357</b>		Suite, Apt. #, etc.			
City & State <b>BEAVERTON, OREGON</b>		City & State			
Zip <b>97006</b>		Country <b>WASHINGTON</b>		Zip	
Country		Country		4. FEI Number <b>91-2102587</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$6.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CP RIAN, AARON 17575 SW TUALATIN VALLEY HWY BEAVERTON, OR 97006</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CP RIAN, AARON 1600 NW COMPTON Dr, SUITE 357 BEAVERTON, OR 97006</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S RIAN, TOM 17575 SW TUALATIN VALLEY HWY BEAVERTON, OR 97006</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S RIAN, TOM 1600 NW COMPTON Dr, SUITE 357 BEAVERTON, OR 97006</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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> 			<b>1/22/07</b> (503) 643-2646 x 7778		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		