2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005349

Entity Name: TERMNET FINANCE, INC.

FILED Apr 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

508 AIRPORT RD SUITE G-H 508 AIRPORT RD PANAMA CITY, FL 32405 SUITE A

PANAMA CITY, FL 32405

Current Mailing Address: New Mailing Address:

2727 PACES FERRY RD BLDG II-1600 C/O TERMNET MERCHANT SERVICES, INC. 2727 PACES FERRY RD.BLDG II-1600 ATLANTA, GA 30339

ATLANTA, GA 30339

FEI Number: 58-2033136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAPPLEMAN, G. WILLIAM 508 AIRPORT RD SUITE G-H PANAMA CITY, FL 32405

508 AIRPORT RD SUITE A

PANAMA CITY, FL 32405 US

CAPPLEMAN, G. WILLIAM

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: 04/02/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: PRFS (X) Change () Addition THOMPSON, CHARLES D THOMPSON, CHARLES D Name: 908-1 TRINITY DRIVE 908-1 TRINITY DRIVE Address: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040

Title: DS Title: () Delete (X) Change () Addition

ROBERTS, T CHRIS ROBERTS, T CHRIS Name: Name:

2727 PACES FERRY RD SUITE II-1600 2727 PACES FERRY RD SUITE II-1600 Address: Address:

ATLANTA, GA 30339 City-St-Zip: City-St-Zip: ATLANTA, GA 30339

() Delete Title: () Change (X) Addition Title: CFO

Name: STANFORD, DAVID Name:

2727 PACES FERRY RD. BLDG II-1600 Address: Address:

City-St-Zip: City-St-Zip: ATLANTA, GA 30339

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: THOMAS CHRIS ROBERTS **CFO** 04/02/2008