

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005753

FILED  
Feb 02, 2012  
Secretary of State

**Entity Name:** PAYMENT AMERICA SYSTEMS, INC.

**Current Principal Place of Business:**

450 TENTH CIRCLE NORTH  
NASHVILLE, TN 37203

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 24850  
NASHVILLE, TN 37202

**New Mailing Address:**

**FEI Number:** 62-0698679

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: BECKER, BARRY  
Address: 450 TENTH CIRCLE NORTH  
City-St-Zip: NASHVILLE, TN 37203

Title: DST  
Name: MILLER, ERIK  
Address: 450 TENTH CIRCLE NORTH  
City-St-Zip: NASHVILLE, TN 37203

Title: PRES  
Name: TRINKLER, ELIZABETH  
Address: 450 TENTH CIRCLE NORTH  
City-St-Zip: NASHVILLE, TN 37203

Title: CFO  
Name: FRANKLIN-HOWELL, CHARLEE  
Address: 450 10TH CIRCLE NORTH  
City-St-Zip: NASHVILLE, TN 37203

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH TRINKLER

PRES

02/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date