

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000736

FILED
May 02, 2011
Secretary of State

Entity Name: PAYMENT ALLIANCE PROCESSING CORPORATION

Current Principal Place of Business:

11857 COMMONWEALTH DRIVE
LOUISVILLE, KY 40299

New Principal Place of Business:

6060 DUTCHMANS LANE
SUITE 320
LOUISVILLE, KY 402052377

Current Mailing Address:

11857 COMMONWEALTH DRIVE
LOUISVILLE, KY 40299

New Mailing Address:

6060 DUTCHMANS LANE
SUITE 320
LOUISVILLE, KY 402052377

FEI Number: 20-8631138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PRES
Name: LEEHY, JOHN J III
Address: 6060 DUTCHMANS LANE, SUITE 320
City-St-Zip: LOUISVILLE, KY 402052377

Title: TREA
Name: KOZAL, DAVID
Address: 6060 DUTCHMANS LANE, SUITE 320
City-St-Zip: LOUISVILLE, KY 402052377

Title: SEC
Name: SAHRMANN, GREGORY W
Address: 6060 DUTCHMANS LANE, SUITE 320
City-St-Zip: LOUISVILLE, KY 402052377

Title: DIR
Name: SHEEHY, ROBERT
Address: 6060 DUTCHMANS LANE, SUITE 320
City-St-Zip: LOUISVILLE, KY 402052377 US

Title: DIR
Name: ESSON, BRAD
Address: 6060 DUTCHMANS LANE, SUITE 320
City-St-Zip: LOUISVILLE, KY 402052377 US

Title: DIR
Name: BLAKEY, BILL
Address: 6060 DUTCHMANS LANE, SUITE 320
City-St-Zip: LOUISVILLE, KY 402052377 US

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: DAVID J. KOZAL

TREA

05/02/2011

Electronic Signature of Signing Officer or Director

Date