

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000006375

1. Entity Name
TIER TECHNOLOGIES, INC.



Principal Place of Business

**10780 PARKRIDGE BLVD
4TH FLOOR
RESTON, VA 20191**

Mailing Address

**10780 PARKRIDGE BLVD
4TH FLOOR
RESTON, VA 20191**

DO NOT WRITE IN THIS SPACE



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number
94-3145844

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE CEO
NAME WEAVER, JAMES R
STREET ADDRESS 10780 PARKRIDGE BLVD 4TH FLOOR
CITY-ST-ZIP RESTON, VA 20191

TITLE D
NAME GUENTHER, MORGAN
STREET ADDRESS 10780 PARKRIDGE BLVD 4TH FLOOR
CITY-ST-ZIP RESTON, VA 20191

TITLE CFO
NAME MCCANDLESS, JEFFREY A
STREET ADDRESS 10780 PARKRIDGE BLVD 4TH FLOOR
CITY-ST-ZIP RESTON, VA 20191

TITLE D
NAME CABOT, SAMUEL
STREET ADDRESS 2001 N. MAIN STREET, SUITE 500
CITY-ST-ZIP WALNUT CREEK, CA 94596

TITLE D
NAME RONALD, ROSSETTI
STREET ADDRESS 2001 N. MAIN STREET, SUITE 500
CITY-ST-ZIP WALNUT CREEK, CA 94596

TITLE SECR
NAME TULLY, DEANNE M
STREET ADDRESS 2001 N. MAIN STREET, SUITE 500
CITY-ST-ZIP WALNUT CREEK, CA 94596

U00000330615
04/25/05-80168-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 persons empowered

SIGNATURE:

Deanne M. Tully
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deanne M. Tully

4/11/05
Date

571-382-7020
Daytime Phone #