2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # F98000001829 03-10-2008 90068 006 ***150.00 1. Entity Name VIANT PAYMENT SYSTEMS, INC. Principal Place of Business Mailing Address 535 E DIEHL RD #100 \$ 15040042051 77 S. BEDFORD ST. SUITE 200 ATTN: CORP. TAX DEPT. BURLINGTON, MA 01803 NAPERVILLE, IL 60563 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 CR2E034 (12/06) Cha-P City & State City & State Applied For 4. FEI Number 36-3715258 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301-2525 Zip Code FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TVD TITLE TITLE Addition Delete Change Steven A. Flack 535 E. Diehl Rd #100 NAME KIRALY, THOMAS NAME 5050 SPECTRUM DR. 1200 W TOWER STREET ADDRESS STREET ADDRESS ADDISON, TX 75001 Nasewille 12 60563 CITY+SI-7IP CITY, ST. 7IP TITLE ☐ Delete TITLE ☐ Change Addition THOMAS, DANIEL J NAME NAME STREET ADDRESS 5050 SPECTRUM DR. 1200 W TOWER STREET ADDRESS CITY - ST-7IP ADDISON, TX 75001 CITY. ST. 7IP TITLE **Delete** DILE Change ☐ Addition GREENWOOD, JAMES M NAME STREET ADDRESS 5050 SPECTRUM DR. 1200 W. TOWER STREET ADDRESS CITY-ST-ZIP ADDISON, TX 75001 CITY-ST-7IP TITLE **PRES** Detete TITLE ☐ Change Addition Thomas J. Bartlett 535 E. Diehl Patrioo ANDERSON, KURT A NAME STREET ADDRESS 565 EAST DIEHL RD #100 STREET ADDRESS NAPERVILLE, IL 60563 Naperville 11 60563 CITY-ST-ZIP CITY-ST-ZIP TITLE Beiete **AVS** TITLE ☐ Change ■Addition Beyon Adel THOMPSON, ELEANOR J NAME 5080 SPECTRUM DR, 1200 W TOWER 535 E. Diehl 121 # 100 STREET ADDRESS STREET ADDRESS CITY-ST-7IP ADDISON, TX 75001 CITY-ST-ZIP Naperville 11 60563 Delete TITLE AVP TITLE ☐ Change ☐ Addition CHEDEKEL, GARY NAME 77 SOUTH BEDFORD ST #200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BURLINGTON, MA 01803** CITY-ST-ZIP 12. I hereby certify that the information supplied with this third does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental peport 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 expressed 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. The proposed 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.

FILED Mar 10, 2008 8:00 am

2.29.08

GARY CHEDEKEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CIRECTOR-

7819066381