


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90020 048 ***150.00

DOCUMENT # F98000003712
 1. Entity Name
BOTTOMLINE TECHNOLOGIES (DE), INC.



Principal Place of Business Mailing Address
325 CORPORATE DR. **325 CORPORATE DR.**
PORTSMOUTH, NH 03801 US **PORTSMOUTH, NH 03801 US**

40030366



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

01152008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
02-0433294 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 ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	MCGURL, DANIEL M	
STREET ADDRESS	325 CORPORATE DR.	
CITY-ST-ZIP	PORTSMOUTH, NH 03801	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOOMIS, JAMES L	
STREET ADDRESS	325 CORPORATE DR.	
CITY-ST-ZIP	PORTSMOUTH, NH 03801	
TITLE	P	<input type="checkbox"/> Delete
NAME	EBERLE, ROBERT A	
STREET ADDRESS	325 CORPORATE DR.	
CITY-ST-ZIP	PORTSMOUTH, NH 03801	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLEN, JOSEPH	
STREET ADDRESS	325 CORPORATE DR.	
CITY-ST-ZIP	PORTSMOUTH, NH 03801	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRY, JOSEPH L JR	
STREET ADDRESS	325 CORPORATE DR	
CITY-ST-ZIP	PORTSMOUTH, NH 03801	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEATHE, JEFFREY C	
STREET ADDRESS	325 CORPORATE DR	
CITY-ST-ZIP	PORTSMOUTH, NH 03801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McGurl, Daniel	
STREET ADDRESS	325 Corporate Dr.	
CITY-ST-ZIP	Portsmouth, NH 03801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eberle, Robert A	
STREET ADDRESS	325 Corporate Dr.	
CITY-ST-ZIP	Portsmouth, NH 03801	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mullen, Joseph	
STREET ADDRESS	325 Corporate Drive	
CITY-ST-ZIP	Portsmouth, NH 03801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE: Kerrin M. Donovan 2-13-08 603-436-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40030377

Bottomline Technologies (DE), Inc.

Additional Officers and Board of Directors
Attachment to the Florida Annual Report
Document #F98000003712

Title T/S
Name Donovan, Kevin
Street Address 325 Corporate Drive
City-ST-Zip Portsmouth, NH 03801

Title D
Name Curran, Michael J.
Street Address 325 Corporate Drive
City-ST-Zip Portsmouth, NH 03801

Title D
Name Zilinski, James W
Street Address 325 Corporate Drive
City-ST-Zip Portsmouth, NH 03801

Title D
Name Staglin, Garren K.
Street Address 325 Corporate Drive
City-ST-Zip Portsmouth, NH 03801