

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90251 006 ***150.00

DOCUMENT # P03000153671	
1. Entity Name NETBANK PAYMENT SYSTEMS, INC.	

DO NOT WRITE IN THIS SPACE

20044695

2. Principal Place of Business 200 Briarwood West Drive	3. Mailing Address 9710 Two Notch Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Jackson, MS	City & State Columbia, SC	4. FEI Number 64-0855235	Applied For ☐ Not Applicable
Zip 39206	Country USA	Zip 29223	Country USA
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)	
1200 South Pine Island Road	
City	Plantation FL Zip Code 33324

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Tommy L. Glenn, Jr. 200 Briarwood West Drive, Jackson, MS 39206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/D William M. Ross 9710 Two Notch Road, Columbia, SC 29223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T/CFO/D Steven F. Herbert 9710 Two Notch Road, Columbia, SC 29223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Charles E. Mapson 9710 Two Notch Road, Columbia, SC 29223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Lloyd Chatham 200 Briarwood West Drive, Jackson, MS 39206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Elizabeth Jourdain 9710 Two Notch Road, Columbia, SC 29223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address and all other like empowered.

SIGNATURE:

Charles E. Mapson

Charles E. Mapson, Secretary

04-20-2005

904-251-6420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)