

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000075684

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: BUSINESS PAYMENT SOLUTIONS INCORPORATED

**Current Principal Place of Business:**

21330 CHINABERRY DRIVE  
BOCA RATON, FL 33428 US

**New Principal Place of Business:**

**Current Mailing Address:**

21330 CHINABERRY DRIVE  
BOCA RATON, FL 33428 US

**New Mailing Address:**

FEI Number: 26-3160171      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ZEHRING, DARRAGH H  
21330 CHINABERRY DRIVE  
BOCA RATON, FL 33428 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P,S ( ) Delete  
Name: BURGESS, KEVIN B  
Address: 21330 CHINABERRY DRIVE  
City-St-Zip: BOCA RATON, FL 33428 US

Title: VP ( ) Delete  
Name: ZEHRING, DARRAGH H  
Address: 21330 CHINABERRY DRIVE  
City-St-Zip: BOCA RATON, FL 33428 US

Title: T,VP ( ) Delete  
Name: GIGLIOTTI, THOMAS F  
Address: 9786 NAPOLI WOODS LANE  
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: BUSTAMONTE, MARK  
Address: 21330 CHINABERRY DRIVE  
City-St-Zip: BOCA RATON, FL 33428 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KEVIN B. BURGESS

P,S

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date