2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 07, 2007 8:00 am Secretary of State DOCUMENT # P35849 05-07-2007 90075 001 ***150.00 DEPOSIT PAYMENT PROTECTION SERVICES, INC. Principal Place of Business Mailing Address 8501 N SCOTTSDALE 8501 N SCOTTSDALE 401010 300 300 SCOTTSDALE, AZ 85253 SCOTTSDALE, AZ 85253 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4900 N. SOHSCALE RO Suite, Apt. #, etc. Suite, Apl. #, etc. 04162007 CR2E034 (12/06) Chq-P <u>548.1000</u> City & State City & State 4. FEI Number Applied For 91-1129953 Not Applicable softsaale. Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Insted State <u>85251</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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: Registured Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE TITLE Change ☐ Delete Addition NAME ROMAIN, MARTIN welson Eng NAME 7805 HUDSON RD, SUITE 100 STREET ADDRESS STREET ADDRESS 0001. ete . bastabatlooc. u oorp CHY-ST-7IP WOODBURY, MN 55125 CITY-ST-ZIP Scottsdale, 192 85251 VΡ TITLE Delete TITLE Change Addition NAME EVANS, ROBERT L NAME 8501 NORTH SCOTTSDALE RD SUITE 300 STREET ADDRESS STREET ADDRESS 4900 N. Scottsdale Pd. Stz. 1000 CITY-ST-ZIP SCOTTSDALE, AZ 85253 CITY-ST-ZIP SOOHSOLLE, 192 85251 S TITLE Delete TITLE Change ☐ Addition Julie Lim LINA, JULIE A NAME NAME 4900 N. Scottsdele Pd. Ste.1000 STREET ADDRESS 8501 NORTH SCOTTSDALE RD SUITE 300 STREET ADDRESS CITY-ST-7IP SCOTTSDALE, AZ 85263 CITY-ST-7IP BILE ☐ Delete X Change THE Addition GRESHAM, GEORGE NAME NAME 8501 N. SCOTTDALE RD., #300 STREET ADDRESS STREET ADDRESS 4900 N. Scottsdale Rd. Ste. 1000 CITY-ST-ZIP SCOTTSDALE, AZ 85253 CITY-ST-ZIP Scottsdale, AZ 85251 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ■ Addition MAME DAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 impowered.

GEORGE Gresham 4/27/07

Daviere Ponne II

FILED