SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 27 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P37819** **(0)**

1. Corporation Name
FINANCIAL ALLIANCE PROCESSING SERVICES, INC.

Principal Place of Business	Mailing Address
9200 LEESGATE RD LOUISVILLE KY 40222	9200 LEESGATE RD LOUISVILLE KY 40222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1992
3a. Date of Last Report: 10/14/1994

2. Principal Place of Business 21 | 2a. Mailing Address 26
Suite, Apt. #, etc 22 | Suite, Apt. #, etc 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 30

4. FEI Number: 72-1196430 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALLISON, PAMELA J
5219 N.W. 33RD AVENUE
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: RITA BISHOP
82 Street Address (P.O. Box Number is Not Acceptable): 703 60TH ST.
83: COURT E SUITE C
84 City: BRADENTON FL 85 Zip Code: 34208

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Rita Bishop 7/21/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	11 TITLE	EXECUTIVE VICE PRESIDENT ☒ Change ☐ Addition
NAME	KNEGO, FRANK M.	12 NAME	
STREET ADDRESS	3212 RUNNING DEER CIRCLE	13 STREET ADDRESS	
CITY ST ZIP	LOUISVILLE KY 40241	14 CITY ST ZIP	
TITLE	DVP	21 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	LEEHY, JOHN J., III	22 NAME	
STREET ADDRESS	HC 69 BOX 1785	23 STREET ADDRESS	
CITY ST ZIP	FISHERVILLE KY	24 CITY ST ZIP	
TITLE	DS RESIGNED	31 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	CARRERE, JOSEPH L.	32 NAME	JERRY K. TWOGOOD
STREET ADDRESS	300 POYDRS, SUITE 2000	33 STREET ADDRESS	3850 VICTORIA STREET NORTH
CITY ST ZIP	NEW ORLEANS LA	34 CITY ST ZIP	SHOREVIEW, MN 55126
TITLE	D RESIGNED	41 TITLE	SECRETARY ☐ Change ☒ Addition
NAME	MILLS, CHRISTOPHER	42 NAME	GREGORY W. SAHRMANN
STREET ADDRESS	30 QUEEN ANNE'S GATE	43 STREET ADDRESS	844 LAKE FOREST PKWY
CITY ST ZIP	LONDON SW 1H9AL	44 CITY ST ZIP	LOUISVILLE KY 40245
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or added in an attachment with an address.

SIGNATURE: Gregory W. Sahrmann 7/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OFFICER OR DIRECTOR Date

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