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FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P37819 (0)
1. Corporation Name
FINANCIAL ALLIANCE PROCESSING SERVICES, INC.



Principal Place of Business
9200 LEESGATE RD
LOUISVILLE KY 40222

Mailing Address
9200 LEESGATE RD
LOUISVILLE KY 40222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/09/1992

2. Principal Place of Business
21 1231 Durrett Lane
Suite, Apt. #, etc.

2a. Mailing Address
26 1231 Durrett Lane
Suite, Apt. #, etc.
27 75-ACTG

4. FEI Number
72-1196430
Applied For
Not Applicable

22 City & State
23 Louisville, KY
24 Zip 40285
25 Country USA

28 City & State
Louisville, KY
29 Zip 40285
30 Country USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MACDOUGALL, RICK
400 FAIRWAY DRIVE
SUITE 106
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PCEO
NAME LEEHY, JOHN J., III
STREET ADDRESS HC 89 BOX 1785
CITY-ST-ZIP FISHERVILLE KY

TITLE EVCO
NAME SAHRMANN, GREGORY W
STREET ADDRESS 844 LAKE FOREST PKWY
CITY-ST-ZIP LOUISVILLE KY

TITLE OFO
NAME EMMONG, RAYMOND A
STREET ADDRESS 9200 LEESGATE ROAD
CITY-ST-ZIP LOUISVILLE KY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, CEO, D
1.2 NAME John Leehy, III
1.3 STREET ADDRESS 101 Bullitt Lane Suite 450
1.4 CITY-ST-ZIP Louisville, KY 40222

2.1 TITLE
2.2 NAME Gregory W. Sahrman
2.3 STREET ADDRESS 1231 Durrett Lane 75BADM
2.4 CITY-ST-ZIP Louisville, KY 40285

3.1 TITLE (D) Robert E. Showalter
3.2 NAME 101 Bullitt Lane Suite 450
3.3 STREET ADDRESS Louisville, KY 40285

4.1 TITLE (D) Jim W. Cate
4.2 NAME 101 Bullitt Lane Suite 450
4.3 STREET ADDRESS Louisville, KY 40222

5.1 TITLE D Thomas Wimsett
5.2 NAME 101 Bullitt Lane Suite 450
5.3 STREET ADDRESS Louisville, KY 40222

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 on an attachment with an address.

SIGNATURE:

John J. Leehy

4/24/98

(502) 326-7000

CR2E034 (10/97)