



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 157469		2. Exact name of the limited liability company Access ATM Services LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Card Personalization Services			
5. Principal office address 816 Middle Acl		City East Greenwich		State RI	Zip 02818
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name GREGORY SCORPIO			Contact Title CONTROLLER		
Street Address 816 Middle Acl		City East Greenwich		State RI	Zip 02818
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name SEE ATTACHED			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CORPORATION SERVICE COMPANY			Address		
Address 222 JEFFERSON BOULEVARD, SUITE 200			City WARWICK	Zip 02888-	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED	
File Date	NOV 13 2007
Check No.	By 47075
By:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person
Date **10/31/07**

Print or Type Name of Authorized Person

Report Officers / Directors

Business ID : 157469

- 1 Full Legal Name: Jeffrey Cammans
Title (s): President
Residence Addr: 1173 N. Main Rd
Jamestown, RI 02835
Business Addr: 816 Middle Rd
East Greenwich, RI 02818
- 2 Full Legal Name: John Conelias
Title (s): Vice President
Residence Addr: 85 Scenic Court
Cheshire CT 06410
Business Addr: 29 N Plains Highway
Wallingford, CT 06492
- 3 Full Legal Name: Richard Anderson
Title (s): Chief Financial Officer / Treasurer
Residence Addr: 1458 Grovehurst Drive
Marietta, GA 30062
Business Addr: 1800-B NE Expressway
Atlanta, GA 30329
- 4 Full Legal Name: Michael Horgan
Title (s): Vice President / Secretary
Residence Addr: 295 Greenwich St Apt 5C
New York , NY 10007
Business Addr: 370 Lexington Avenue Suite 2100
New York , NY 10007

FILED
NOV 13 2007
By 157469
GWA