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

A. Ralph Mollis, Secretary of Stat
Corporations Divisio
148 W. River Stre
Providence, RI 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
53696	Deposit Payment Protection Services, Inc.

3. Street Address Principal Business Office	City	State	Zip
7805 Hudson Rd., Ste.100	Woodbury	MN	55125

4. Business Phone No.	5. State of Incorporation
480-629-7715	Delaware

6. Brief Description of the Character of Business Conducted in Rhode Island
Computer Services Bureau and Collection Agency

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
R. Renz Nichols	100-2nd Ave. South, Ste.1100S	St.Petersburg	Florida	33701

Vice President Name	Street Address	City	State	Zip
Lynn Cravey	100-2nd Ave. South, Ste.1100S	St.Petersburg	Florida	33701

Secretary Name	Street Address	City	State	Zip
Lynn Cravey	100-2nd Ave. South, Ste.1100S	St.Petersburg	Florida	

Treasurer Name	Street Address	City	State	Zip
Lynn Cravey	100-2nd Ave. South, Ste.1100S	St.Petersburg	Florida	

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Lynn Cravey	100-2nd Ave. South, Ste.1100S	St.Petersburg	Florida	33701

Director Name	Street Address	City	State	Zip
R. Renz Nichols	100-2nd Ave. South, Ste.1100S	St.Petersburg	Florida	33701

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2500 Common No Par Value		

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
2500	Common	0

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

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

Lynn Cravey 2-27-08
Signature *Date*

Lynn Cravey
Print or Type Name

Vice President
Title

[redacted]

File Date FILED

Check No. MAR 24 2008 DS#105963

By: By:21549-80-247865

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