

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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 annu subject to a penalty fee of \$25.00.	al report within thirty (30) days after	the time prescribed by law (R.I.	G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 2. Name of Corporation				
140054 CheckfreePay Corporation				
3. Street Address Principal Business Office	City	State	Zip	
15 Sterling Vrive	Wallington	ta C 1	06492	
1. Business Phone No. (203) 679-4400 Connecticut				
6. Brief Description of the Character of Business Conducted in Rhode Island				
Electronic Bill Payment				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC		S BEFORE USING ATTA		
President Name Chairman	Vice President Name 5 V 1	+ General	manager	
Charles W. Spraque	Paul D.	Harriso	<u>n </u>	
Street Address 255 Fisery Drive	Street Address 15 Stert	ing Driv	e.	
BrockField WI 210 53045	Wallingfo	states	2ip 06492	
Secretary Name	Treasurer Name	(1) m		
Jenny K. O'Donnell	Keven	m. Inac	15en	
15 Sterling Drive	Street Address 4411 E.	Jones Br	idge Rd	
City State Zip	City	State	Zip	
Wallingford CT 06492	Norcross	1 COM	130092	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA	· -	CES BEFORE USING AT	TACHMENTS	
Jardon T. Bouska	Director Name Thomas	: J. Hirs	sch	
Street Address 4411 E. Jones Bridge Rd. 255 Fisery Drive				
City State Zip	City	State	Zip , , , , r	
Norcross 6H 30092	Brooktiele	W_{-L}	55045	
Director Name	Director Name			
Charles W. Spraque				
255 Fisery Drive	Street Address			
City State Zip - Zip	City	State	Zip	
Brookfield C1 53045				
9. SHARES AUTHORIZED	10. SHARES ISSUED ("X"		VT)	
5,000 common - 3/00. Var Valu	SSUED SHARES — THIS SECTION			
This information is currently of record in the Office of the Secretary of	Number of Shures	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of	1 <i>l</i> 0	Common	\$100	
instruction sheet.			100	
This report must be executed on hehalf of the cornoration by an authorized	I representative. If the corpore	ation is in the hands of a	receiver or trustee	
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.				

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date FILED	contained herein are true and correct
Check JAN 0 5 2009	Signature Paul D. Harrison
FOR SECRETARY OF STATE USE ONLY	Print or Type Name SVP and General Manage
	Title Form 630 Rev. 08/08