

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 2010

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(e&d)) is

| subject to a penalty fee of \$25.00 | <i>).</i> | | | | |
|--|-----------------------|--|--|---|----------------------------|
| 1. Corporate ID No. 76965 | T . | poration Services Billing, Inc. | | | |
| 3. Street Address Principal Business Office 7411 John Smith Dr., Suite 1500 | | | San Antonio | State TX | 2φ 78229 |
| 4. Business Phone No. 210-949-7069 5. State of Incorporation DE | | | <u>-</u> | | |
| 6. Brief Description of the Chara Billing aggregator for tel | | | | | |
| 7. NAMES AND ADDRES | SES OF THE OFF | ICERS: ("X" BOX FOR ATTA | CHMENT) FILL IN | SPACES BEFORE USING | ATTACHMENTS |
| President Name | | | Vice President Name | | |
| Greg M. Carter | | | James W. Blum | | |
| Street Address 7411 John Smith Dr., Suite 1500 | | | Street Address 7411 John Smith Dr., Suite 1500 | | |
| San Antonio | State TX | 78229 | Сиу San Antonio | State TX | ^{Жір} 78229 |
| Secretary Name Kelli Cubeta | | | Treasurer Name Norman M. Phipps | | |
| Street Address 7411 John Smith Dr., Suite 1500 | | | Street Address 7411 John Smith Dr., Suite 1500 | | |
| San Antonio | State TX | 78229 | City San Antonio | State TX | ^{Ζip} 78229 |
| 8. NAMES AND ADDRESS Director Name Greg M. Carter | SES OF THE DIRE | ECTORS: ("X" BOX FOR ATT | TACHMENT) T FILL II Director Name Norman M. Phipps | N SPACES BEFORE USIN | IG ATTACHMENTS |
| Street Address | | | Street Address | | |
| 7411 John Smith Dr., Suite 1500 | | | 7411 John Smith Dr., Suite 1500 | | |
| City | State | Zip | City | State | Zip |
| San Antonio | JTX | 78229 | : San Antonio | TX | 78229 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| СНу | State | Zip | Сйу | State | Zip |
| 9. SHARES AUTHORIZEI | > ¹ | 1 | | ("X" BOX FOR ATTAC CTION MUST BE COMPLETED | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | Number of Shares | Class/Series | Par Value |
| | | | 1000 | Common | .01 |
| | | | | | |
| This report must be executhis report must be execut | ited on behalf of the | ne corporation by an authorize e corporation by the receiver | ed representative. If the contrustee. | corporation is in the hand | s of a receiver or trustee |

| File Date FILED | |
|--|--|
| Check No. FEB 2 6 2010 | |
| By 5/06/1/ FOR SECRETARY OF STATE USE ONLY | |

| Under penalty of perjury, I declare ar including any accompanying schedul contained herein are true and correct | _ / / |
|---|---------------------|
| //. w ~ | 2/11/10 |
| Signature | Date |
| James W. Blum | |
| Print or Type Name | |
| Vice President | |
| Title | |
| | Form 630 Rev. 08/08 |