
	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.00								
	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	 LOGOUT 								
Foreign Business Corporation Annual Report Filing Period: January 1 - March 1										
<p><i>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(o&d)) is subject to a penalty fee of \$25.00.</i></p> <p style="text-align: right;"> Help with this form</p>										
ANNUAL REPORT YEAR: <input type="text" value="2011"/>										
1. Corporate ID No. <input type="text" value="000541543"/>										
2. Name of Corporation <input type="text" value="NATIONAL PROCESSING COMPANY"/>										
3. Street Address Principal Business Office:										
No. and Street: <input type="text" value="1024 K STREET"/>										
City or Town: <input type="text" value="LINCOLN"/> State: <input type="text" value="NE"/> Zip: <input type="text" value="08508"/> Country: <input type="text" value="USA"/>										
4. Business Phone No.										
<input type="text" value="5029615200"/>										
5. State of Incorporation										
State: <input type="text" value="NE"/>										
6. Brief Description of the Character of Business Conducted in Rhode Island										
<div style="border: 1px solid black; padding: 5px;"><p>MERCHANT SERVICES, CREDIT CARD PROCESSING AND SALES OF POS EQUIPMENT</p><div style="text-align: right; padding-top: 20px;">FILED FEB 04 2011 12:27 By <u>138622</u></div></div>										
7. Names and Addresses of the Officers and Directors:										
All officers and directors must be listed.										
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 15%;"></th><th style="width: 20%;">Title</th><th style="width: 30%;">Individual Name</th><th style="width: 35%;">Address</th></tr></thead><tbody><tr><td colspan="4" style="height: 40px;"> </td></tr></tbody></table>				Title	Individual Name	Address				
	Title	Individual Name	Address							

Delete		First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	PRESIDENT	ADAM COYLE	5100 INTERCHANGE WAY LOUISVILLE, KY 40229 USA
<input type="checkbox"/>	TREASURER	TIM COOPER	5100 INTERCHANGE WAY LOUISVILLE, KY 40229 USA
<input type="checkbox"/>	SECRETARY	NELSON GREENE	5100 INTERCHANGE WAY LOUISVILLE, KY 40229 USA
<input type="checkbox"/>	CFO	MARK HEIMBOUCH	5100 INTERCHANGE WAY LOUISVILLE, KY 40229 USA
<input type="checkbox"/>	ASST. TREASURER	CHRIS THOMPSON	5100 INTERCHANGE WAY LOUISVILLE, KY 40229 USA
<input type="checkbox"/>	VICE PRESIDENT	JAMES OBERMAN	5100 INTERCHANGE WAY LOUISVILLE, KY 40229 USA

Select From Below Title:

First Name: Middle Name: Last Name: Suffix:

Address: City: State: Zip: Country:

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.00	10,000.00	5,051.00

9. 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.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name:

Business Name:

No. and Street: - Same Address as -

City or Town: State: Zip: Country:

Contact Phone: ext:

Contact Email:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 4 Day of February, 2011 at 12:27:23 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the

signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By

Signature of Authorized Representative of the Corporation

X Title

ASST TREASURER

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-1.2. You hereby agree that any legal issues or causes of action arising from the submission of this

☐ Accept☐ Decline[Click HERE to Submit This Information](#)

Form No. 630
Revised 09/07

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Help

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FEB 04, 2011

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By KMC

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