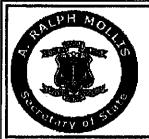
Fee: \$50.00



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

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

LOGOUT |

Foreign	Business	Corporation
Annual I	Report	

Filing Period: January 1 - March 1

Help with this form

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-

		. 1		- 	
ANNUAL REPO	RT YEAR: 2011				
1. Corporate il	No. <u>00054</u>	1543			
2. Name of Co	rporation <u>NAT</u>	IONAL PROCESS	ING COMPA	NY	
3. Street Addre	ss Principal Bu	siness Office:			,
No. and Street:	1024 K STREE	iT]			
City or Town:	LINCOLN	Take the street materials surrounded	State: NE	Zip: 68508	Country: USA
4. Business Ph 5029615200	ı				
5. State of Inco State: <u>NE</u>	rporation				,
6. Brief Descrip	otion of the Cha	racter of Business	Conducted in I	Rhode Island	
MERCHANT	BERVICES, CRE	DIT CARD PROCES	SING AND SA	LES OF POS EQUII	PMENT 🔗
				FILED	; ;
1				FEB 0 4 2011	· · · · · · · · · · · · · · · · · · ·
				DV 12	
	Addresses of the	e Officers and Dire	ctors:	By 13862.	

Dalete	1	i	Fine 5614	la last Culffe	1		Other and Tarres Office To	lm Garda Garratus
	PRESIDENT		First, Middle, Last, Suffix Add ADAM COYLE		dress, City or Town, State, Zip Code, Country 5100 INTERCHANGE WAY			
	TREASURER		TIM COOPER		<u> </u>	LOUISVILLE, KY 40229 USA 5100 INTERCHANGE WAY		
	SECRETA	RY	NELSON GREENE			LOUISVILLE, KY 40229 USA		
						5100 INTERCHANGE WAY LOUISVILLE, KY 40229 USA		
	CFO		MARK HEIMBOUCH			5100 INTERCHANGE WAY LOUISVILLE, KY 40229 USA		
	ASST. TREASURER		CHRIS THOMPSON			5100 INTERCHANGE WAY LOUISVILLE, KY 40229 USA		
	VICE PRESIDENT		JAMES OBERMAN			5100 INTERCHANGE WAY LOUISVILLE, KY 40229 USA		
Select First Name:	rom Below 🔯		filddie Name:		Last Stat	Name:	— (<u>`</u>	Suffix:
Class	s Authorized as of Stock		s of Stock	Par Valu	ue Per S \$1.00	hare	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
corpor	ation is in the ation by the i	e hands (receiver (of a receiver or trustee.	or trustee			n authorized repres must be executed o	
(Enter a c Contact N	contact name, lame:	malling a	ddress and ei	meil.)				
Business	Name:		VLUUJII (<u></u>				
No. and S	Street:	NTED		- Same Address as -				
City or To	wn:			s	State:	1	Zlp: 29	Country: USA
Contact P	hone:		j ext:			·-··········		- businesses
							e from us if the filing all.	Clear g is rejected for
							ctronic signature oj or acknowledgeme	

signatory, under penalties of perjury, that this instrument is that individual's act and a act and deed of the corporation, and that the facts stated herein are true, as of the date electronic filing, in compliance with R.I. Gen. Laws § 7-1.2. By X Signature of Authorized Representative of the Corporation ASST TREASURER Title This report cannot be accepted for filing if an officer has executed the form and held listed in section 7.	e of the
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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FEB 04,2011 (2:27)
By KMC
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