

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000006799

FILED
Oct 17, 2007
Secretary of State

Entity Name: WHOLESALER MERCHANT PROCESSING INC

Current Principal Place of Business:

9640 SW SUNSHINE CT. STE 100
BEAVERTON, OR 97005

New Principal Place of Business:

10220 SW GREENBURG RD STE 450
TIGARD, OR 97224 US

Current Mailing Address:

9640 SW SUNSHINE CT. STE 100
BEAVERTON, OR 97005

New Mailing Address:

10220 SW GREENBURG RD STE 450
TIGARD, OR 97224 US

FEI Number: 75-3017198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS FILING INC
1203 GOVERNORS SQUARE BLVD, STE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LENNY PARROTT

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCARTNEY, TODD
Address: 9640 SW SUNSHINE CT. STE 100
City-St-Zip: BEAVERTON, OR 97005

Title: V (X) Delete
Name: TAYLOR, BRETT
Address: 9640 SW SUNSHINE CT. STE 100
City-St-Zip: BEAVERTON, OR 97005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCCARTNEY, TODD
Address: 10220 SW GREENBURG RD STE 450
City-St-Zip: TIGARD, OR 97224 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENNY PARROTT

Electronic Signature of Signing Officer or Director

HRM

10/17/2007

Date