

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 20, 2006  
Secretary of State**

DOCUMENT# F98000006815

Entity Name: EASTPAY, INC.

**Current Principal Place of Business:**

7400 BEAUFONT SPRINGS DR  
SUITE 405  
RICHMOND, VA 23225

**New Principal Place of Business:**

**Current Mailing Address:**

7400 BEAUFONT SPRINGS DR  
SUITE 405  
RICHMOND, VA 23225

**New Mailing Address:**

FEI Number: 54-0991483      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: REARDON, RALPH  
Address: 333 ST. ALBANS DR  
City-St-Zip: RALEIGH, NC 27609

Title: D      ( ) Delete  
Name: VAGLIO, STEVE  
Address: 101 TRYON ST, 14TH FLOOR  
City-St-Zip: CHARLOTTE, NC 28255

Title: PD      ( ) Delete  
Name: ROBINSON, NORMAN K  
Address: 631 COALBROOK DRIVE  
City-St-Zip: MIDLOTHIAN, VA 23114

Title: D      ( ) Delete  
Name: LAWRENCE, MICKEY  
Address: 1340 E. VENICE AVE  
City-St-Zip: VENICE, FL 34292

Title: TD      ( ) Delete  
Name: GAUTNEY, ANTHONY  
Address: BANK ATLANTIC, 4150 SW 28TH WAY  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D      ( ) Delete  
Name: GREEAR, KENNETH L  
Address: UNITED NATIONAL BANK, 500 VIRGINIA ST. E.  
City-St-Zip: CHARLESTON, WV 25322

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: REARDON, RALPH  
Address: 1000 ST. ALBANS DR  
City-St-Zip: RALEIGH, NC 27609

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN K. ROBINSON

PD

03/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date