

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
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: 1000 ST. ALBANS DR
City-St-Zip: RALEIGH, NC 27609

Title: D () Delete
Name: HEINZMANN, TOM
Address: 8300 NW 53RD STREET, SUITE 401
City-St-Zip: MIAMI, FL 33166

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

Title: D () Delete
Name: MADDEN, STEVE
Address: 100 E. TRYON ROAD
City-St-Zip: RALEIGH, NC 27603

Title: D () Delete
Name: GAUTNEY, ANTHONY
Address: 900 N. FEDERAL HIGHWAY, SUITE 300
City-St-Zip: BOCA RATON, FL 33432

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date