

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006815

Entity Name: EASTPAY, INC.

Current Principal Place of Business:

7400 BEAUFONT SPRINGS DR
SUITE 405
NORTH CHESTERFIELD, VA 23225

Current Mailing Address:

7400 BEAUFONT SPRINGS DR
SUITE 405
NORTH CHESTERFIELD, VA 23225

FEI Number: 54-0991483

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
3030 N. ROCKY POINT DR.STE 150A
TAMPA, FL 33607 US

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

Officer/Director Detail :

Title D
Name RHOADS, RICK
Address 1000 WADE AVE.
City-State-Zip: RALEIGH NC 27605

Title D
Name HEINZMANN, TOM
Address 3450 LAKESIDE DRIVE
SUITE 400
City-State-Zip: MIRAMAR FL 33027

Title PD
Name ROBINSON, NORMAN K
Address 631 COALBROOK DRIVE
City-State-Zip: MIDLOTHIAN VA 23114

Title D
Name MADDEN, STEVE
Address 16 E. ROWAN STREET
City-State-Zip: RALEIGH NC 27609

Title D
Name ALBERT, WILLIAM
Address 500 FEDERAL STREET
City-State-Zip: BLUEFIELD WV 24701

Title CHAIRMAN
Name THORSON, TIM
Address 2090 PARKWAY OFFICE CIRCLE
MC ALBH00121B
City-State-Zip: HOOVER AL 35244

I hereby 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 all other like empowered.

SIGNATURE: NORMAN K. ROBINSON

PRESIDENT & CEO

03/02/2016

Electronic Signature of Signing Officer/Director Detail

Date