

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000003337

**Entity Name:** VISA TECHNOLOGY & OPERATIONS LLC**Current Principal Place of Business:**900 METRO CENTER BLVD.  
FOSTER CITY, CA 94404**Current Mailing Address:**900 METRO CENTER BLVD.  
FOSTER CITY, CA 94404**FEI Number:** 74-3070018**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Authorized Person(s) Detail :**

Title MANAGER, CFO, EXECUTIVE VICE  
PRESIDENT  
Name PRABHU, VASANT  
Address 1 MARKET STREET  
SUITE 600  
City-State-Zip: SAN FRANCISCO CA 94105

Title PRESIDENT  
Name MCINERNEY, RYAN  
Address 1 MARKET STREET  
SUITE 600  
City-State-Zip: SAN FRANCISCO CA 94105

Title SENIOR VP, ASST. SECRETARY  
Name HEATON, TRACEY  
Address 1 MARKET STREET  
SUITE 600  
City-State-Zip: SAN FRANCISCO CA 94105

Title ASST. SECRETARY  
Name KATCHER, SIMONA  
Address 900 METRO CENTER BLVD.  
City-State-Zip: FOSTER CITY CA 94404

Title CEO  
Name KELLY, ALFRED F. JR.  
Address 1 MARKET STREET  
SUITE 600  
City-State-Zip: SAN FRANCISCO CA 94105

Title ASST. SECRETARY  
Name CHOI, SUE  
Address 900 METRO CENTER BLVD.  
City-State-Zip: FOSTER CITY CA 94404

Title SENIOR VP, CHIEF ACCOUNTING  
OFFICER  
Name HOFFMEISTER, JAMES  
Address 900 METRO CENTER BLVD.  
City-State-Zip: FOSTER CITY CA 94404

Title EXECUTIVE VP, SECRETARY  
Name MAHON TULLIER, KELLY  
Address 1 MARKET STREET  
SUITE 600  
City-State-Zip: SAN FRANCISCO CA 94105

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*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUE CHOI**ASST. SECRETARY****03/12/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title           TREASURER, SENIOR VP  
Name           OSTROWSKI, COLLEEN  
Address        900 METRO CENTER BLVD.  
City-State-Zip: FOSTER CITY CA 94404

Title           ASST. SECRETARY  
Name           STEWART, DOUGLAS  
Address        900 METRO CENTER BLVD.  
City-State-Zip: FOSTER CITY CA 94404

Title           EXECUTIVE VP  
Name           SHEEDY, WILLIAM  
Address        1 MARKET STREET  
                  SUITE 600  
City-State-Zip: SAN FRANCISCO CA 94105