

**2021 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 ASST. SECRETARY  
Name CHOI, SUE  
Address 900 METRO CENTER BLVD.  
City-State-Zip: FOSTER CITY CA 94404

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

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

Title SECRETARY, MANAGER  
Name MAHON TULLIER, KELLY  
Address 900 METRO CENTER BLVD.  
City-State-Zip: FOSTER CITY CA 94404

Title TREASURER  
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 CEO, MANAGER  
Name TANEJA, RAJAT  
Address 900 METRO CENTER BLVD.  
City-State-Zip: FOSTER CITY CA 94404

Title CFO  
Name SPAINHOUR, KYLE  
Address 900 METRO CENTER BLVD.  
City-State-Zip: FOSTER CITY CA 94404

**Continues on page 2**

*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:** SIMONA KATCHER

ASST. SECRETARY

01/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

Title                   MANAGER  
Name                 SESHADRI, SUNIL  
Address             900 METRO CENTER BLVD.  
City-State-Zip:   FOSTER CITY CA 94404

Title                   MANAGER  
Name                 MCTEAGUE, KARINA  
Address             900 METRO CENTER BLVD.  
City-State-Zip:   FOSTER CITY CA 94404

Title                   COO  
Name                 DILGER, TERESA  
Address             900 METRO CENTER BLVD.  
City-State-Zip:   FOSTER CITY CA 94404

Title                   MANAGER  
Name                 TAN, ANDREW  
Address             900 METRO CENTER BLVD.  
City-State-Zip:   FOSTER CITY CA 94404

Title                   CHIEF RISK OFFICER  
Name                 ROJAS, DAYSI  
Address             900 METRO CENTER BLVD.  
City-State-Zip:   FOSTER CITY CA 94404