

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000335

**Entity Name:** VERACITY PAYMENT SOLUTIONS, INC.**Current Principal Place of Business:**400 NORTHRIDGE ROAD SUITE 1200  
ATLANTA, GA 30350**Current Mailing Address:**500 NORTHRIDGE ROAD SUITE 200  
ATLANTA, GA 30350**FEI Number:** 20-8040927**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	CFO
Name	SHARP, STEPHANIE
Address	400 NORTHRIDGE ROAD SUITE 1200
City-State-Zip:	ATLANTA GA 30350

Title	CEOD
Name	LEE, KEVIN
Address	400 NORTHRIDGE ROAD SUITE 1200
City-State-Zip:	ATLANTA GA 30350

Title	CIO
Name	PUTRE, GRANT
Address	400 NORTHRIDGE ROAD SUITE 1200
City-State-Zip:	ATLANTA GA 30350

Title	MPD
Name	VETTEL, MATTHEW T
Address	ONE LIBERTY SQUARE
City-State-Zip:	BOSTON MA 02109

Title	VPD
Name	CAYER, NICHOLAS R
Address	ONE LIBERTY SQUARE
City-State-Zip:	BOSTON MA 02109

Title	D
Name	BUSBY, CHRISTOPHER M
Address	ONE LIBERTY SQUARE
City-State-Zip:	BOSTON MA 02109

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: STEPHANIE SHARP****CFO****06/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date