

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000335

Entity Name: VERACITY PAYMENT SOLUTIONS, INC.**Current Principal Place of Business:**500 NORTHRIDGE ROAD SUITE 200
ATLANTA, GA 30350**Current Mailing Address:**500 NORTHRIDGE ROAD SUITE 200
ATLANTA, GA 30350**FEI Number:** 20-8040927**Certificate of Status Desired:** Yes**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 500 NORTHRIDGE ROAD SUITE 200
City-State-Zip: ATLANTA GA 30350

Title CIO
Name PUTRE, GRANT
Address 500 NORTHRIDGE ROAD SUITE 200
City-State-Zip: ATLANTA GA 30350

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

Title CEOD
Name COHANE, JOSEPH
Address 500 NORTHRIDGE ROAD SUITE 200
City-State-Zip: ATLANTA GA 30350

Title MPD
Name VETTEL, MATTHEW T
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****05/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date