

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005214

FILED
Jan 23, 2012
Secretary of State

Entity Name: PAYMAP INC.

Current Principal Place of Business:

12500 EAST BELFORD AVENUE
ENGLEWOOD, CO 80112

New Principal Place of Business:

Current Mailing Address:

12500 EAST BELFORD AVENUE
ENGLEWOOD, CO 80112

New Mailing Address:

12500 EAST BELFORD AVENUE
#M21A2, CORPORATE SECRETARY
ENGLEWOOD, CO 80112

FEI Number: 94-3179980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: STOCKDALE, STEWART A
Address: 12500 EAST BELFORD AVENUE
City-St-Zip: ENGLEWOOD, CO 80112

Title: D/SE
Name: CACHEY, JOSEPH
Address: 12500 EAST BELFORD AVENUE
City-St-Zip: ENGLEWOOD, CO 80112

Title: D
Name: SHEA, MARY M
Address: 12500 EAST BELFORD AVENUE
City-St-Zip: ENGLEWOOD, CO 80112

Title: VP/T
Name: STEVENS, SCOTT
Address: 12500 EAST BELFORD AVENUE
City-St-Zip: ENGLEWOOD, CO 80112

Title: VP
Name: SCHENKEL, AMINTORE
Address: 12500 E. BELFORD AVENUE
City-St-Zip: ENGLEWOOD, CO 80112

Title: AS
Name: DRAGOVICH, DARREN
Address: 12500 E. BELFORD AVENUE
City-St-Zip: ENGLEWOOD, CO 80112

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: DARREN DRAGOVICH

AS

01/23/2012

Electronic Signature of Signing Officer or Director

Date