2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000753

Entity Name: SAGE PAYMENT SOLUTIONS, INC.

FILED Apr 14, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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1750 OLD MEADOW ROAD SUITE 200 MCLEAN, VA 22102

Current Mailing Address: New Mailing Address:

56 TECHNOLOGY DR. 6561 IRVINE CENTER DRIVE IRVINE, CA 92618 IRVINE, CA 92618

FEI Number: 01-0665536 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: P/D

Name: HAMMERMASTER, GREG

Address: 1750 OLD MEADOW RD., SUITE 200

City-St-Zip: MCLEAN, VA 22102

Title: CFO

Name: KANSKI, JAMES

Address: 1750 OLD MEADOW ROAD, SUITE 200

City-St-Zip: MCLEAN, VA 22102

Title: AS

Name: TRAN, BRIAN

Address: 6561 IRVINE CENTER DRIVE

City-St-Zip: IRVINE, CA 92618

Title:

Name: HOUILLON, PASCAL Address: 6561 IRVINE CENTER DRIVE

City-St-Zip: IRVINE, CA 92618

Title: [

Name: BERRUYER, GUY Address: NORTH PARK

City-St-Zip: NEWCASTLE UPON TYNE, UK NE13 9AA UK

Title: D

Name: HARRISON, PAUL Address: NORTH PARK

City-St-Zip: NEWCASTLE UPON TYNE, UK NE13 9AA UK

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: BRIAN TRAN AS 04/14/2011