2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2012
Secretary of State

DOCUMENT# F07000000753

Entity Name: SAGE PAYMENT SOLUTIONS,INC.

Current Principal Place of Business:

1750 OLD MEADOW ROAD
SUITE 200
MCLEAN, VA 22102

New Principal Place of Business:

Current Mailing Address:

6561 IRVINE CENTER DRIVE
IRVINE, CA 92618

New Mailing Address:

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

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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/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: D
Name: HOUILLON, PASCAL
Address: 6561 IRVINE CENTER DRIVE
City-St-Zip: IRVINE, CA 92618

Title: D
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 04/20/2012

Electronic Signature of Signing Officer or Director Date