2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005292

Entity Name: VIRGIN MONEY USA, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
69 HICKORY DRIVE WALTHAM, MA 024511011				60 HICKORY DRIVE WALTHAM, MA 024511013		
Current Mailing Address:				New Mailing Address:		
69 HICKORY DRIVE WALTHAM, MA 024511011				60 HICKORY DRIVE WALTHAM, MA 024511013		
FEI Number:	04-3516820	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Registered Agent:
2731 EXEC WESTON, The above	named entity s	JS ´	rpose o	f changing it	s registered	office or registered agent, or both,
in the State						
SIGNATUR		c Signature of Registered Agent	t			 Date
Election Can		Trust Fund Contribution ().	•			Buto
OFFICERS	AND DIRECT	rors:		ADDITION	S/CHANGE	S TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	ADVANI, ASHEE 69 HICKORY DE WALTHAM, MA D () BROOKS, MICH	RIVE 024511011 Delete AEL C E, 22ND FLOOR		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	ADVANI, ASH 60 HICKORY WALTHAM, N	
Title: Name: Address: City-St-Zip: Title: Name:	ROBICHAU, JAN 69 HICKORY DF WALTHAM, MA D () BRANDON-FARI	RIVE 024511011 Delete ROW, FRANCES E		Title: Name: Address: City-St-Zip: Title: Name:	BRETT, MAG 60 HICKORY WALTHAM, M D (GADHIA, JAY	DRIVE 1A 024511013 (X) Change () Addition NE-ANNE
Address: City-St-Zip:	65 BLEECKER S NEW YORK, NY	STREET 6TH FLOOR 10012		Address: City-St-Zip:		HOUSE, WHITING ROAD IK NR4 6EJ UK
Title: Name: Address: City-St-Zip:	MARINO, ANTHO	STREET 6TH FLOOR		Title: Name: Address: City-St-Zip:	(() Change () Addition
Title: Name: Address: City-St-Zip:	POOLE, MARK 3 COURS DE RI	Delete VE 104, CH CH1204 CH		Title: Name: Address: City-St-Zip:	(() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ASHEESH ADVANI DP 04/29/2009