

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000335

FILED
Apr 27, 2012
Secretary of State

Entity Name: VERACITY PAYMENT SOLUTIONS, INC.

Current Principal Place of Business:

500 NORTHRIDGE ROAD SUITE 200
ATLANTA, GA 30350

New Principal Place of Business:

Current Mailing Address:

500 NORTHRIDGE ROAD SUITE 200
ATLANTA, GA 30350

New Mailing Address:

FEI Number: 20-8040927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: CFO
Name: SHARP, STEPHANIE
Address: 500 NORTHRIDGE ROAD SUITE 200
City-St-Zip: ATLANTA, GA 30350

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

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

Title: MPD
Name: VETTEL, MATTHEW T
Address: ONE LIBERTY SQUARE
City-St-Zip: BOSTON, MA 02109

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

Title: D
Name: BUSBY, CHRISTOPHER M
Address: ONE LIBERTY SQUARE
City-St-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

04/27/2012

Electronic Signature of Signing Officer or Director

Date