2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2011
Secretary of State

DOCUMENT# F10000003056

Entity Name: VISA U.S.A. INC.

Current Principal Place of Business:

900 METRO CENTER BLVD
FOSTER CITY, CA 94404

New Principal Place of Business:

Current Mailing Address:

900 METRO CENTER BLVD
FOSTER CITY, CA 94404

New Mailing Address:

FEI Number: 94-1721694 **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: PARTRIDGE, JOHN M
Address: PO BOX 8999
City-St-Zip: SAN FRANCISCO, CA 941288999

Title: S
Name: FLOUM, JOSHUA R
Address: PO BOX 8999
City-St-Zip: SAN FRANCISCO, CA 941288999

Title: T
Name: LAIDERMAN, RICHARD
Address: PO BOX 8999
City-St-Zip: SAN FRANCISCO, CA 941288999

Title: CEO
Name: SANDERS, JOSEPH W
Address: PO BOX 8999
City-St-Zip: SAN FRANCISCO, CA 941288999

Title: CFO
Name: POLLITT, BYRON H
Address: PO BOX 8999
City-St-Zip: SAN FRANCISCO, CA 941288999

Title: AS
Name: ST. PIERRE, ARIELA H
Address: PO BOX 8999
City-St-Zip: SAN FRANCISCO, CA 941288999

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: ARIELA ST. PIERRE AS 02/28/2011

Electronic Signature of Signing Officer or Director — Date