

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001829

FILED
Apr 13, 2012
Secretary of State

Entity Name: VIANT PAYMENT SYSTEMS, INC.

Current Principal Place of Business:

535 E DIEHL RD
SUITE 100
NAPERVILLE, IL 60563

New Principal Place of Business:

535 E DIEHL RD
SUITE 150
NAPERVILLE, IL 60563

Current Mailing Address:

535 E DIEHL RD
SUITE 100
NAPERVILLE, IL 60563

New Mailing Address:

535 E DIEHL RD
SUITE 150
NAPERVILLE, IL 60563

FEI Number: 36-3715258

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: TREA
Name: REDMOND, DAVID L
Address: 535 E. DIEHL RD #100
City-St-Zip: NAPERVILLE, IL 60563

Title: DIR
Name: TABAK, MARK
Address: 115 FIFTH AVE., 7TH FLOOR
City-St-Zip: NEW YORK, NY 10003

Title: PRES
Name: TABAK, MARK
Address: 115 FIFTH AVE., 7TH FLOOR
City-St-Zip: NEW YORK, NY 10003

Title: SEC
Name: FELLER, MARCY E
Address: 115 FIFTH AVE., 7TH FLOOR
City-St-Zip: NEW YORK, NY 10003

Title: VP
Name: JOLIE, STEVEN
Address: 1100 WINTER STREET
City-St-Zip: WALTHAM, MA 02451 US

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: MARCY E FELLER

SECR

04/13/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date