

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000000753

**Entity Name:** SAGE PAYMENT SOLUTIONS,INC.

**Current Principal Place of Business:**

12120 SUNSET HILLS ROAD  
SUITE 400  
RESTON, VA 20190

**Current Mailing Address:**

6561 IRVINE CENTER DRIVE  
IRVINE, CA 92618

**FEI Number: 01-0665536**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Officer/Director Detail :**

Title CEO  
Name BRIDGEWATER, PAUL  
Address 12120 SUNSET HILLS ROAD  
SUITE 400  
City-State-Zip: RESTON VA 20190

Title AS  
Name TRAN, BRIAN  
Address 6561 IRVINE CENTER DRIVE  
City-State-Zip: IRVINE CA 92618

Title SECRETARY  
Name GERVIN, RACHEL  
Address 271 17TH STREET NW  
SUITE 1100  
City-State-Zip: ATLANTA GA 30363

Title SVP, CORPORATE CONTROLLER  
Name MORTHAM, KAREN  
Address 888 EXECUTIVE CENTER DRIVE W  
SUITE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR  
Name SCHEIPE, MARC  
Address 271 17TH STREET NW  
SUITE 1100  
City-State-Zip: ATLANTA GA 30363

*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**

**ASST. SECRETARY**

**04/12/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date