

2017 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:

271 17TH STREET NW, SUITE 1100
ATTN: LEGAL DEPARTMENT
ATLANTA, GA 30363 US

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 HELMS, CELESTE
Address 271 17TH STREET NW
SUITE 1100
City-State-Zip: ATLANTA GA 30363

Title VP, FINANCE
Name STROSSER, BRUCE
Address 1715 NORTH BROWN ROAD
City-State-Zip: LAWRENCEVILLE GA 30043

Title DIRECTOR
Name HARRIS, NANCY
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

ASSISTANT SECRETARY 05/05/2017

Electronic Signature of Signing Officer/Director Detail

Date