

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000753

Entity Name: SAGE PAYMENT SOLUTIONS,INC.

Current Principal Place of Business:

1750 OLD MEADOW ROAD
SUITE 200
MCLEAN, VA 22102

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 P/D
Name HAMMERMASTER, GREG
Address 1750 OLD MEADOW RD., SUITE 200
City-State-Zip: MCLEAN VA 22102

Title CFO
Name SCHEIPE, MARC
Address 1715 NORTH BROWN ROAD
City-State-Zip: LAWRENCEVILLE GA 30043

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

Title D
Name HOUILLON, PASCAL
Address 6561 IRVINE CENTER DRIVE
City-State-Zip: IRVINE CA 92618

Title D
Name BERRUYER, GUY
Address NORTH PARK
City-State-Zip: NEWCASTLE UPON TYNE UK NE13-9AA

Title D
Name HARRISON, PAUL
Address NORTH PARK
City-State-Zip: NEWCASTLE UPON TYNE UK NE13-9AA

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 04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date