2015 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	CEO		Title	VP, FINANCE
Name	BRIDGEWATER, PAUL		Name	PFISTERER, JOHN
Address	1750 OLD MEADOW ROAD SUITE 200		Address	1750 OLD MEADOW ROAD SUITE 200
City-State-Zip:	MCLEAN VA 22102		City-State-Zip:	MCLEAN VA 22102
Title	AS		Title	DIRECTOR
Name	TRAN, BRIAN		Name	HOUILLON, PASCAL
Address	6561 IRVINE CENTER DRIVE		Address	6561 IRVINE CENTER DRIVE
City-State-Zip:	IRVINE CA 92618		City-State-Zip:	IRVINE CA 92618
Title	SECRETARY		Title	SVP, CORPORATE CONTROLLER
Name	GERVIN, RACHEL		Name	MORTHAM, KAREN
Address	1715 NORTH BROWN ROAD		Address	888 EXECUTIVE CENTER DRIVE W SUITE 300
City-State-Zip:	LAWRENCEVILLE GA 30043		City-State-Zip:	ST. PETERSBURG FL 33702
Title	DIRECTOR			
Name	SCHEIPE, MARC			
Address	1715 NORTH BROWN ROAD			
City-State-Zip:	LAWRENCEVILLE GA 30043			

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   04/16/2015

Electronic Signature of Signing Officer/Director Detail   Date