

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000001829

**Entity Name:** VIANT PAYMENT SYSTEMS, INC.**Current Principal Place of Business:**535 E DIEHL RD  
SUITE 100  
NAPERVILLE, IL 60563**Current Mailing Address:**535 E DIEHL RD  
SUITE 100  
NAPERVILLE, IL 60563**FEI Number:** 36-3715258**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           TREASURER, EXECUTIVE VICE  
                  PRESIDENT, CFO  
Name           HEAD, JAMES M  
Address        115 FIFTH AVENUE, 7TH FL  
City-State-Zip: NEW YORK NY 10003

Title           PRESIDENT, CEO  
Name           WHITE, DALE  
Address        2273 RESEARCH BOULEVARD  
City-State-Zip: ROCKVILLE MD 20850

Title           VP  
Name           JOLIE, STEVEN  
Address        20 SPEEN STREET, SUITE 202  
City-State-Zip: FRAMINGHAM MA 01701

Title           DIRECTOR  
Name           WHITE, DALE  
Address        2273 RESEARCH BOULEVARD  
City-State-Zip: ROCKVILLE MD 20850

Title           SECRETARY  
Name           DOCTOROFF, JEFFREY L  
Address        16 CROSBY DRIVE  
City-State-Zip: BEDFORD MA 01730

Title           ASST. SECRETARY  
Name           GASIK, SHAWNA E  
Address        535 EAST DIEHL ROAD  
City-State-Zip: NAPERVILLE IL 60563

*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:** SHAWNA GASIK**ASSISTANT SECRETARY   04/04/2022**

Electronic Signature of Signing Officer/Director Detail

Date