

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212516505

1.) CORPORATION NAME:

Western Union Communications, Inc.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **F1197211**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12500 E. BELFORD AVE
#M21A2

CITY/ST/ZIP: ENGLEWOOD, CO 80112

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	STEWART A. STOCKDALE				
TITLE:	PRESIDENT				
ADDRESS:	12500 E. BELFORD AVE.				
CITY/ST/ZIP/CO:	ENGLEWOOD, CO 80112				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	AMINTORE SCHENKEL				
TITLE:	VP/TREAS/CFO				
ADDRESS:	12500 E BELFORD AVE				
CITY/ST/ZIP/CO:	ENGLEWOOD, CO 80112				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	SCOTT E. STEVENS				
TITLE:	VICE PRESIDENT				
ADDRESS:	12500 E. BELFORD AVENUE				
CITY/ST/ZIP/CO:	ENGLEWODO, CO 80112				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	JOSEPH CACHEY				
TITLE:	SECRETARY				
ADDRESS:	12500 E. BELFORD AVENUE				
CITY/ST/ZIP/CO:	ENGLEWOOD, CO 80112				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	DARREN DRAGOVICH				
TITLE:	ASST SECRETARY				
ADDRESS:	12500 E. BELFORD AVENUE				
CITY/ST/ZIP/CO:	ENGLEWODO, CO 80112				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JOSEPH CACHEY				
TITLE:	DIRECTOR				
ADDRESS:	12500 E. BELFORD AVENUE				
CITY/ST/ZIP/CO:	ENGLEWOOD, CO 80112				

NAME: MARY M. SHEA OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 12500 E. BELFORD AVENUE
CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ DARREN DRAGOVICH</u>	<u>DARREN DRAGOVICH, ASST</u>	<u>5/2/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.