

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212542896

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

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	John Dye	
TITLE:	SECRETARY	
ADDRESS:	12500 E. Belford Avenue	
CITY/ST/ZIP/CO:	Englewood, CO 80112	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Nicole Ayres	
TITLE:	ASST SECRETARY	
ADDRESS:	12500 E. Belford Avenue	
CITY/ST/ZIP/CO:	Englewood, CO 80112	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Denisse Becerra ASST SECRETARY 12500 E. Belford Avenue Englewood, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Rondi Boroos ASST SECRETARY 12500 E. Belford Avenue Englewood, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kristin Brown ASST SECRETARY 12500 E. Belford Avenue Englewood, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joel Campbell ASST TREASURER 12500 E. Belford Avenue Englewood, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Scott Coad ASST SECRETARY 12500 E. Belford Avenue Englewood, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kurt Colburn ASST SECRETARY 12500 E. Belford Avenue Englewood, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christopher Williamson ASST SECRETARY 12500 E. Belford Avenue Englewood, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sally Sommers ASST SECRETARY 12500 E. Belford Avenue Englewood, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jo-Ann Scharmann ASST SECRETARY 12500 E. Belford Avenue Englewood, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Emmanuel Salvetti ASST TREASURER 12500 E. Belford Avenue Englewood, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Rodin ASST SECRETARY 12500 E. Belford Avenue Englewood, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: Rosemary Gallagher TITLE: ASST SECRETARY ADDRESS: 12500 E. Belford Avenue CITY/ST/ZIP/CO: Englewood, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Markell Fluckiger TITLE: ASST TREASURER ADDRESS: 12500 E. Belford Avenue CITY/ST/ZIP/CO: Englewood, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: David Fallek TITLE: ASST SECRETARY ADDRESS: 12500 E. Belford Avenue CITY/ST/ZIP/CO: Englewood, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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.		
/s/ Kristin Brown SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Kristin Brown, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	11/5/2012 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.		