

1.) CORPORATION NAME:

**ELAVON, INC.**

DUE DATE: **11/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1318478**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**GA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: TWO CONCOURSE PKWY STE 800

CITY/ST/ZIP: ATLANTA, GA 30328

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.

<p>NAME: SIMON HASLAM TITLE: PRESIDENT/CEO ADDRESS: TWO CONCOURSE PKWY NE, STE 800 CITY/ST/ZIP/CO: ATLANTA, GA 30328</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MINDY DOSTER TITLE: SR VP/S ADDRESS: TWO CONCOURSE PKWY STE 800 CITY/ST/ZIP/CO: ATLANTA, GA 30328</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOHN P KINSELLA TITLE: SENIOR VP ADDRESS: 800 NICOLLET MALL CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PAMELA A JOSEPH TITLE: CHAIRMAN ADDRESS: TWO CONCOURSE PKWY STE 800 CITY/ST/ZIP/CO: ATLANTA, GA 30328-1170</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MELISSA S LARSON TITLE: ASST SECRETARY ADDRESS: 800 NICOLLET MALL CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JAMES S WALKER TITLE: EVP AND CFO ADDRESS: TWO CONCOURSE PKWY NE STE 800 CITY/ST/ZIP/CO: ATLANTA, GA 30328</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: CRAIG E GIFFORD  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: 800 NICOLLET MALL  
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402

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/ MELISSA S LARSON	MELISSA S LARSON, ASST	10/3/2014
_____ 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.