

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212551955

1.) CORPORATION NAME:

WESTERN UNION FINANCIAL SERVICES, INC.

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1399080**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CO

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.

NAME:	SCOTT T SCHEIRMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/S/T/CFO		
ADDRESS:	12500 E. BELFORD AV		
CITY/ST/ZIP/CO:	ENGLEWOOD, CO 80112		

NAME:	DARREN A DRAGOVICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12500 E BELFORD AVENUE		
CITY/ST/ZIP/CO:	ENGLEWOOD, CO 80112		

NAME:	AMINTORE SCHENKEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12500 EAST BELFORD AVENUE		
CITY/ST/ZIP/CO:	ENGLEWOOD, CO 80112		

NAME:	RAJESH AGRAWAL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	12500 EAST BELFORD AVENUE		
CITY/ST/ZIP/CO:	ENGLEWOOD, CO 80112		

NAME:	JOEL CAMPBELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	12500 EAST BELFORD AVENUE		
CITY/ST/ZIP/CO:	ENGLEWOOD, CO 80112		

NAME:	MARKELL FLUCKIGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	12500 EAST BELFORD AVENUE		
CITY/ST/ZIP/CO:	ENGLEWOOD, CO 80112		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMINTORE SCHENKEL ASST TREASURER 12500 EAST BELFORD AVENUE ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT STEVENS ASST TREASURER 12500 EAST BELFORD AVENUE ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICOLE AYRES ASST SECRETARY 12500 EAST 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 EAST 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 EAST BELFORD AVENUE ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DARREN DRAGOVICH ASST SECRETARY 12500 EAST BELFORD AVENUE ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER FISCHER ASST SECRETARY 12500 EAST BELFORD AVENUE ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA LAM ASST SECRETARY 12500 EAST BELFORD AVENUE ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES ROBINSON ASST SECRETARY 12500 EAST 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 EAST BELFORD AVENUE ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMINTORE SCHENKEL ASST SECRETARY 12500 EAST BELFORD AVENUE ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: AMINTORE SCHENKEL TITLE: ASST CFO ADDRESS: 12500 EAST BELFORD AVENUE CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DIANE SCOTT TITLE: PRESIDENT ADDRESS: 12500 E. BELFORD AVENUE CITY/ST/ZIP/CO: ENGLEWOOD , CO 80112	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LUIS M ALVAREZ TITLE: BSA OFFICER ADDRESS: 12500 E. BELFORD AVENUE CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RONDI J BOROOS 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: KRISTIN RENEE BROWN 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: CHRISTOPHER B GASKILL 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: BARRY KOCH TITLE: CHIEF COMPLIANC 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 RENEEBROWN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KRISTIN RENEEBROWN, PRINTED NAME AND CORPORATE TITLE	7/26/2013 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.		