

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211506071

1.) CORPORATION NAME:

Site Safe, Inc.

DUE DATE: **3/31/2011**

SCC ID NO: **F1503590**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000
PREFER	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 18071 FITCH AVE
STE 200

CITY/ST/ZIP: IRVINE, CA 92614-

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: JAMES R ESTES
TITLE: DIRECTOR
ADDRESS: 18071 FITCH AVE STE 200
CITY/ST/ZIP/CO: IRVINE, CA 92614-

OFFICER

DIRECTOR

NAME: DECLAN FLANAGAN
TITLE: DIRECTOR
ADDRESS: WILLIS STEIN & PARTNERS III_LP
ONE WACKER DR STE 4800
CITY/ST/ZIP/CO: CHICAGO, IL 60606-

OFFICER

DIRECTOR

NAME: ROBERT C FROETSCHER
TITLE: DIRECTOR
ADDRESS: WILLIS STEIN & PARTNERS III
ONE WACKER DR STE 4800
CITY/ST/ZIP/CO: CHICAGO, IL 60606-

OFFICER

DIRECTOR

NAME: AVY H STEIN
TITLE: DIRECTOR
ADDRESS: WILLIS STEIN & PARTNERS,III LP
ONE WACKER DRIVE STE 4800
CITY/ST/ZIP/CO: CHICAGO, IL 60606-

OFFICER

DIRECTOR

NAME: STEPHEN CHIOTTI
TITLE: CFO
ADDRESS: 2415 CAMPUS DR SUITE 200
CITY/ST/ZIP/CO: IRVINE, CA 92612-

OFFICER

DIRECTOR

NAME: DANIEL SOUTHWICK TITLE: PRESIDENT ADDRESS: 2415 CAMPUS DR SUITE 200 CITY/ST/ZIP/CO: IRVINE, CA 92612-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOHN WILLIS TITLE: DIRECTOR ADDRESS: WILLIS STIEN & PARTNERS III LP ONE WACKER DR. STE. 4800 CITY/ST/ZIP/CO: CHICAGO, IL 60606-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHRISTOPHER G BOEHM TITLE: DIRECTOR ADDRESS: WILLIS STIEN & PARTNERS III LP ONE WACKER DR. STE. 4800 CITY/ST/ZIP/CO: CHICAGO, IL 60606-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RONALD BLAKE TITLE: DIRECTOR ADDRESS: REWARDS NETWORKS, INC. 2 NORTH RIVERSIDE PLAZA, STE. 950 CITY/ST/ZIP/CO: CHICAGO, IL 60606-	<input type="checkbox"/> OFFICER <input checked="" 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/ STEPHEN CHIOTTI	STEPHEN CHIOTTI, CFO	3/23/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.		