

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211531182

1.) CORPORATION NAME:

Travelx Global Business Payments, Inc.

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

**AUTH IN VI
CT CORPORATION SYSTEM
ADAM CARR
4701 COX RD STE 301**

GLEN ALLEN, VA 23060

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **9/30/2011**

SCC ID NO: **F1602202**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12500 EAST BELFORD AVENUE

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: KINA JOANNE LAMARCHE OFFICER DIRECTOR
TITLE: PRESIDENT
ADDRESS: 100 YONGE ST STE 1500
CITY/ST/ZIP/CO: TORONTO, ON, M5G 1S5

NAME: CYNTHIA GAYLE CROSS OFFICER DIRECTOR
TITLE: SECRETARY
ADDRESS: 100 YONGE STREET, STE 1500
CITY/ST/ZIP/CO: TORONTO, ON, M5G 1S5

NAME: FRANCES RITA BERNDT OFFICER DIRECTOR
TITLE: TREASURER
ADDRESS: 1152 15TH ST NW 7TH FL
CITY/ST/ZIP/CO: WASHINGTON, DC 20005-

NAME: VANESSA ANN MURDEN OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 1152 15TH ST NW
7TH FLOOR
CITY/ST/ZIP/CO: WASHINGTON, DC 20005-

NAME: RAJESH K. AGRAWAL OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 12500 EAST BELFORD AVENUE
CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT T. SCHEIRMAN VICE PRESIDENT 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 VICE PRESIDENT 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
--	---	---	-----------------------------------

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/ DARREN DRAGOVICH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DARREN DRAGOVICH, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/4/2012 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.