

1.) CORPORATION NAME:

Traveler Global Business Payments, Inc.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **F1602202**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

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.

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

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

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

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Brett Ritchie	
TITLE:	DIRECTOR	
ADDRESS:	12500 East Belford Avenue	
CITY/ST/ZIP/CO:	Englewood, CO 80112	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Christopher Russell	
TITLE:	DIRECTOR	
ADDRESS:	100 Yonge Street	
CITY/ST/ZIP/CO:	Toronto, ON M5C2W1, CA	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Amintore Schenkel	
TITLE:	SECRETARY	
ADDRESS:	12500 East Belford Avenue	
CITY/ST/ZIP/CO:	Englewood, CO 80112	

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 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:	Scott Smith PRESIDENT 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:	Rondi Boroos 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:	Kristin Renee Brown 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:	Joel Campbell 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 Coad 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 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:	Markell Fluckiger 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:	Gareth Heald ASST TREASURER 115215 Street NW 7th Floor Washington DC, DC 20005	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	John P. Jones	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	12500 East Belford Avenue		
CITY/ST/ZIP/CO:	Englewood, CO 80112		
NAME:	Dodi Robbins	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	12500 East Belford Avenue		
CITY/ST/ZIP/CO:	Englewood, CO 80112		
NAME:	Michael F. Rodin	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	12500 East Belford Avenue		
CITY/ST/ZIP/CO:	Englewood, CO 80112		
NAME:	Emmanuel Salvetti	<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:	Sarah Wadsworth	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	12500 East Belford Avenue		
CITY/ST/ZIP/CO:	Englewood, CO 80112		
NAME:	Scott E. Stevens	<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:	Kenneth Timbers	<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:	Richard Krollman	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CCO - AML		
ADDRESS:	12500 East Belford Avenue		
CITY/ST/ZIP/CO:	Englewood, CO 80112		
NAME:	Cynthia Cross	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	100 Yonge Street; Suite 1500		
CITY/ST/ZIP/CO:	Toronto, ON M5C2W1, CA		
NAME:	Kina Lamarche	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	100 Yonge Street; Suite 1500		
CITY/ST/ZIP/CO:	Toronto, ON M5C2W1, CA		
NAME:	Kina Lamarche	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	100 Yonge Street; Suite 1500		
CITY/ST/ZIP/CO:	Toronto, ON M5C2W1, CA		

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	Kristin ReneeBrown,	7/25/2012
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.		