

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214513779

1.) CORPORATION NAME:

VELOCITEL, INC.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F1619677**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2415 CAMPUS AVE STE 200

CITY/ST/ZIP: IRVINE, CA 92612

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: John Thompson
 TITLE: PRESIDENT
 ADDRESS: 2415 CAMPUS DR. STE 200
 CITY/ST/ZIP/CO: IRVINE, CA 92612

OFFICER

DIRECTOR

NAME: Todd Coke
 TITLE: TREASURER
 ADDRESS: 2415 CAMPUS DR
 STE 200
 CITY/ST/ZIP/CO: IRVINE, CA 92612

OFFICER

DIRECTOR

NAME: RONALD L BLAKE
 TITLE: DIRECTOR
 ADDRESS: REWARDS NETWORK, INC.
 2 NORTH RIVERSIDE PLAZA, STE 950
 CITY/ST/ZIP/CO: CHICAGO, IL 60606

OFFICER

DIRECTOR

NAME: CHRISTOPHER G BOEHM
 TITLE: DIRECTOR
 ADDRESS: WILLIS STEIN & PARTNERS LP
 1101 SKOKIE BLVD STE 260
 CITY/ST/ZIP/CO: NORTHBROOK, IL 60062

OFFICER

DIRECTOR

NAME: DECLAN FLANAGAN
 TITLE: DIRECTOR
 ADDRESS: WILLIS STIEN & PARTNERS III LP
 1101 SKOKIE BLVD STE 260
 CITY/ST/ZIP/CO: NORTHBROOK, IL 60062

OFFICER

DIRECTOR

NAME: Avy Stein TITLE: DIRECTOR ADDRESS: Willis Stein & Partners III, L.P., 1101 Skokie Boulevard, Suite 260, Northbrook, IL 60062 CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Christopher Larson TITLE: DIRECTOR ADDRESS: Willis Stein & Partners III, L.P., 1101 Skokie Boulevard, Suite 260, Northbrook, IL 60062 CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Robert Woodhead TITLE: DIRECTOR ADDRESS: Willis Stein & Partners III, L.P. 1101 Skokie Boulevard, Suite 260 Northbrook, IL 60062 CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Matt Shafer TITLE: DIRECTOR ADDRESS: Willis Stein & Partners III, L.P., 1101 Skokie Boulevard, Suite 260 Northbrook, IL 60062 CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: John Willis TITLE: DIRECTOR ADDRESS: Willis Stein & Partners III, L.P., 1101 Skokie Boulevard, Suite 260 Northbrook, IL 60062 CITY/ST/ZIP/CO:	<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/ Todd Coke	Todd Coke, TREASURER	3/17/2014
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.		