

1.) CORPORATION NAME:

Global Cash Access, Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**REGISTERED AGENT SOLUTIONS, INC.
7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA 23111**

SCC ID NO: **F1641408**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3525 E POST RD STE120

CITY/ST/ZIP: LAS VEGAS, NV 89120

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.

<p>NAME: SCOTT HOWARD BETTS TITLE: CEO/DIR ADDRESS: 3525 E. POST ROAD SUITE 120 CITY/ST/ZIP/CO: LAS VEGAS, NV 89120</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID DUANE JOHNSON TITLE: SEC/EVP/GENCOUN ADDRESS: 3525 E. POST ROAD SUITE 120 CITY/ST/ZIP/CO: LAS VEGAS, NV 89120</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MARY ELIZABETH HIGGINS TITLE: EVP & CFO ADDRESS: 3525 E. POST ROAD SUITE 120 CITY/ST/ZIP/CO: LAS VEGAS, NV 89120</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: EDWIN MILES KILBURN TITLE: CHAIRMAN ADDRESS: 3525 E. POST ROAD SUITE 120 CITY/ST/ZIP/CO: LAS VEGAS, NV 89120</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: FRED CLARK ENLOW TITLE: DIRECTOR ADDRESS: 3525 E. POST ROAD SUITE 120 CITY/ST/ZIP/CO: LAS VEGAS, NV 89120</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEOFFREY PERONA JUDGE DIRECTOR 3525 E. POST ROAD SUITE 120 LAS VEGAS, NV 89120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK MICHAEL OLSON DIRECTOR 3525 E. POST ROAD SUITE 120 LAS VEGAS, NV 89120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL DAVID RUMBOLZ DIRECTOR 3525 E. POST ROAD SUITE 120 LAS VEGAS, NV 89120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID BENJAMIN LOPEZ PRESIDENT 3525 E. POST ROAD SUITE 120 LAS VEGAS, NV 89120	<input checked="" 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/ SCOTT HOWARD BETTS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SCOTT HOWARD BETTS, CEO/DIR PRINTED NAME AND CORPORATE TITLE	8/16/2012 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.			