

1.) CORPORATION NAME:

**Sage Payment Solutions, Inc.**

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

SCC ID NO: **F1700501**

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

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
11 S 12TH ST  
PO BOX 1463**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

**RICHMOND, VA 23218**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1750 OLD MEADOW RD STE 200

CITY/ST/ZIP: MCLEAN, VA 22102-

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 checked="" type="checkbox"/> DIRECTOR
NAME:	GREG HAMMERMASTER	
TITLE:	PRESIDENT	
ADDRESS:	1750 OLD MEADOW RD, STE 200	
CITY/ST/ZIP/CO:	MCLEAN, VA 22102-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROBERT STOCKTON	
TITLE:	VICE PRESIDENT	
ADDRESS:	6561 IRVINE CENTER DRIVE	
CITY/ST/ZIP/CO:	IRVINE, CA 92618-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MELODY WILLIAMS DAPP	
TITLE:	SECRETARY	
ADDRESS:	6561 IRVINE CENTER DRIVE	
CITY/ST/ZIP/CO:	IRVINE, CA 92618-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BRIAN TRAN	
TITLE:	ASST SECRETARY	
ADDRESS:	6561 IRVINE CENTER DRIVE	
CITY/ST/ZIP/CO:	IRVINE, VA -	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMIE KANSKI	
TITLE:	CFO	
ADDRESS:	1750 OLD MEADOW ROAD STE 200	
CITY/ST/ZIP/CO:	MCLEAN, VA 22102-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GUY BERRUYER DIRECTOR NORTH PARK NEWCASTLE UPON TYNE,,NE13 9AA,UNITED KINGDOM , -,	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL HARRISON DIRECTOR NORTH PARK NEWCASTLE UPON TYNE UK NE139AA , -,	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUE SWENSON DIRECTOR 6561 IRVINE CENTER DRIVE IRVINE, CA 92618-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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.

<u>/s/ BRIAN TRAN</u>	<u>BRIAN TRAN, ASST SECRETARY</u>	<u>1/31/2011</u>
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.