

1.) CORPORATION NAME:

**Sage Payment Solutions, Inc.**

DUE DATE: **3/31/2012**

SCC ID NO: **F1700501**

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

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

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.

NAME:	GREG HAMMERMASTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1750 OLD MEADOW RD, STE 200		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102-		
NAME:	ROBERT STOCKTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6561 IRVINE CENTER DRIVE		
CITY/ST/ZIP/CO:	IRVINE, CA 92618-		
NAME:	MELODY WILLIAMS DAPP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6561 IRVINE CENTER DRIVE		
CITY/ST/ZIP/CO:	IRVINE, CA 92618-		
NAME:	BRIAN TRAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	6561 IRVINE CENTER DRIVE		
CITY/ST/ZIP/CO:	IRVINE, VA -		
NAME:	JAMIE KANSKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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:	PASCAL HOUILLON 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>3/7/2012</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.