

1.) CORPORATION NAME:

Obopay, Inc.

DUE DATE: **8/31/2010**

SCC ID NO: **F1719329**

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	125,000,000
PREFER	94,017,952

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 350 MARINE PKWY STE 100

CITY/ST/ZIP: REDWOOD CITY, CA 94065-

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: W ALLEN BEASLEY
TITLE: DIRECTOR
ADDRESS: 3000 SAND HILL RD
BLDG 2 STE 290
CITY/ST/ZIP/CO: MENLO PARK, CA 94025-

OFFICER DIRECTOR

NAME: ROBERT HOTTENSEN
TITLE: DIRECTOR
ADDRESS: 505 PARK AVENUE
CITY/ST/ZIP/CO: NEW YORK, NY 10022-

OFFICER DIRECTOR

NAME: PETER KELLNER
TITLE: DIRECTOR
ADDRESS: 12 E 49TH ST 40TH FL
CITY/ST/ZIP/CO: NEW YORK, NY 10017-

OFFICER DIRECTOR

NAME: SUSAN MASON
TITLE: DIRECTOR
ADDRESS: 2490 SAND HILL RD
CITY/ST/ZIP/CO: MENLO PARK, CA 94025-

OFFICER DIRECTOR

NAME: CAROL L. REALINI
TITLE: DIRECTOR
ADDRESS: 350 MARINE PKWY STE 100
CITY/ST/ZIP/CO: REDWOOD CITY, CA 94065-

OFFICER DIRECTOR

NAME: DEEPAK CHANDNANI TITLE: PRESIDENT ADDRESS: 350 MARINE PKWY STE 100 CITY/ST/ZIP/CO: REDWOOD CITY, CA 94065-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER R. MARTIN TITLE: TREASURER ADDRESS: 350 MARINE PKWY, STE 100, CITY/ST/ZIP/CO: REDWOOD CITY, CA 94065-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: RAJESH A. AJI TITLE: SECRETARY ADDRESS: 350 MARINE PKWY, STE 100, CITY/ST/ZIP/CO: REDWOOD CITY, CA 94065-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: SUSAN C. HUEBNER TITLE: ASST SECRETARY ADDRESS: 350 MARINE PKWY, STE 100 CITY/ST/ZIP/CO: REDWOOD CITY, CA 94065-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TEPPA PAAVOLA TITLE: DIRECTOR ADDRESS: 102 CORPORATE PARK DRIVE, CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: OLIVIER COGNET TITLE: DIRECTOR ADDRESS: 102 CORPORATE PARK DRIVE, CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID MULLEN TITLE: DIRECTOR ADDRESS: 102 CORPORATE PARK DRIVE, CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604-	<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/ SUSAN C. HUEBNER _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUSAN C. HUEBNER, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
5/16/2011 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.	