

1.) CORPORATION NAME:

DUE DATE: **8/31/2012**

Obopay, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1719329**

**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: 111 E. 5th Ave

CITY/ST/ZIP: San Mateo, CA 94401

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: DEEPAK CHANDNANI TITLE: CEO ADDRESS: 111 E. 5TH AVE CITY/ST/ZIP/CO: SAN MATEO, CA 94401</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: RAJESH A. AJI TITLE: SECRETARY ADDRESS: 111 E. 5TH AVE CITY/ST/ZIP/CO: SAN MATEO, CA 94401</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: W ALLEN BEASLEY TITLE: DIRECTOR ADDRESS: 3000 SAND HILL RD BLDG 2 STE 290 CITY/ST/ZIP/CO: MENLO PARK, CA 94025</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT HOTTENSEN TITLE: DIRECTOR ADDRESS: 505 PARK AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10022</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PETER KELLNER TITLE: DIRECTOR ADDRESS: 12 E 49TH ST 40TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10017</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Cliff Brokaw TITLE: DIRECTOR ADDRESS: 717 Fifth Ave 24th Floor CITY/ST/ZIP/CO: New York, NY 10022</p>	<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
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NAME: John Gardner TITLE: DIRECTOR ADDRESS: 545 Middlefield Road CITY/ST/ZIP/CO: MENLO PARK, CA 94025	<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.

/s/ RAJESH A. AJI	RAJESH A. AJI, SECRETARY	6/19/2012
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.