

1.) CORPORATION NAME:

**SPEEDPAY, INC.**

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1772237**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12500 E BELFORD AVE

CITY/ST/ZIP: ENGLEWOOD, CO 80112

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:	AMINTORE SCHENKEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/AS		
ADDRESS:	12500 E BELFORD AVENUE		
CITY/ST/ZIP/CO:	ENGLEWOOD, CO 80112		

NAME:	SCOTT STEVENS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12500 E. BELFORD AVE		
CITY/ST/ZIP/CO:	ENGLEWOOD, CO 80112		

NAME:	G. MARKELL FLUCKIGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	12500 E. BELFORD AVE.		
CITY/ST/ZIP/CO:	ENGLEWOOD, CO 80112		

NAME:	SCOTT STEVENS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	12500 E. BELFORD AVE		
CITY/ST/ZIP/CO:	ENGLEWOOD, CO 80112		

NAME:	JOHN DYE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	12500 E BELFORD AVE		
CITY/ST/ZIP/CO:	ENGLEWOOD, CO 80112		

NAME:	NICOLE AYRES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	12500 E. BELFORD AVE.		
CITY/ST/ZIP/CO:	ENGLEWOOD, CO 80112		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENISSE BECERRA ASST SECRETARY 12500 E. BELFORD AVE. ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONDI BOROOS ASST SECRETARY 12500 E. BELFORD AVE. ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KRISTIN BROWN ASST SECRETARY 12500 E. BELFORD AVE. ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT COAD ASST SECRETARY 12500 E. BELFORD AVE. ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KURT COLBURN ASST SECRETARY 12500 E. BELFORD AVE. ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DARREN DRAGOVICH ASST SECRETARY 12500 E BELFORD AVENUE ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID FALLEK ASST SECRETARY 12500 E. BELFORD AVE. ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROSEMARY GALLAGHER ASST SECRETARY 12500 E. BELFORD AVE. ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL RODIN ASST SECRETARY 12500 E. BELFORD AVE. ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JO-ANN SCHARMANN ASST SECRETARY 12500 E. BELFORD AVE. ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SALLY SOMMERS ASST SECRETARY 12500 E. BELFORD AVE. ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: CHRISTOPHER WILLIAMSON TITLE: ASST SECRETARY ADDRESS: 12500 E. BELFORD AVE. CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MARY M SHEA TITLE: DIRECTOR ADDRESS: 12500 E BELFORD AVE CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Scott E. Stevens TITLE: TREASURER ADDRESS: 12500 East Belford Avenue CITY/ST/ZIP/CO: Englewood, CO 80112	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: Diane Scott TITLE: PRESIDENT ADDRESS: 12500 East Belford Avenue CITY/ST/ZIP/CO: Englewood , CO 80112	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: Christopher B. Gaskill TITLE: ASST SECRETARY ADDRESS: 12500 East Belford Avenue CITY/ST/ZIP/CO: Englewood, CO 80112	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: Stephanie Berberich TITLE: ASST SECRETARY ADDRESS: 12500 East Belford Avenue CITY/ST/ZIP/CO: Englewood , CO 80112	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: Patrick Schumacher TITLE: ASST TREASURER ADDRESS: 12500 East Belford Avenue CITY/ST/ZIP/CO: Englewood, CO 80112	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<b>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.</b>	
/s/ KRISTIN BROWN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KRISTIN BROWN, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
10/4/2013 _____ 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.	