

1.) CORPORATION NAME:

**Chartis Global Services, Inc.**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1841230**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 175 WATER STREET

CITY/ST/ZIP: NEW YORK, NY 10038

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: HARPREET SINGH TITLE: VICE PRESIDENT ADDRESS: 175 WATER STREET CITY/ST/ZIP/CO: NEW YORK, NY 10038</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JOSEPHINE B. LOWMAN TITLE: VICE PRESIDENT ADDRESS: ONE NEW YORK PLAZA CITY/ST/ZIP/CO: 17TH FLOOR NEW YORK, NY 10004</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JAMES BRACKEN TITLE: PRESIDENT ADDRESS: 175 WATER STREET CITY/ST/ZIP/CO: NEW YORK, NY 10038</p>	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PETER DOUGLAS HANCOCK TITLE: PRESIDENT ADDRESS: 175 WATER STREET CITY/ST/ZIP/CO: 30TH FLOOR NEW YORK, NY 10038</p>	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: THOMAS J. SCHERER TITLE: SECRETARY/SVP ADDRESS: 175 WATER STREET CITY/ST/ZIP/CO: NEW YORK, NY 10038</p>	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

NAME: DENIS M. BUTKOVIC TITLE: ASST SECRETARY ADDRESS: 180 MAIDEN LANE 37TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOHN QUINLAN DOYLE TITLE: DIRECTOR ADDRESS: 175 WATER STREET 30TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RAYMOND LEE TITLE: DIRECTOR ADDRESS: 180 MAIDEN LANE 27TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: THOMAS E. MARSH TITLE: DIRECTOR ADDRESS: 175 WATER STREET CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RONALD E. MARTINEZ JR. TITLE: DIRECTOR ADDRESS: 175 WATER STREET CITY/ST/ZIP/CO: NEW YORK, NY 10038	<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/ THOMAS J. SCHERER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS J. SCHERER, SECRETARY/SVP PRINTED NAME AND CORPORATE TITLE	9/24/2013 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.		