

SCC eFile	2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	216506989
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1.) CORPORATION NAME: Forte Payment Systems, Inc.	DUE DATE: 2/29/2016						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCORP SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA	SCC ID NO: F1850033						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMA</td> <td style="text-align: center;">1,500,000</td> </tr> <tr> <td>COMB</td> <td style="text-align: center;">500,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMA	1,500,000	COMB	500,000
CLASS	AUTHORIZED						
COMA	1,500,000						
COMB	500,000						
4.) STATE OR COUNTRY OF INCORPORATION: CA							

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 500 W. BETHANY DRIVE SUITE 200 CITY/ST/ZIP: ALLEN, TX 75013	
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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: JEFFREY T. THORNESS TITLE: PRESIDENT ADDRESS: 500 W. BETHANY DRIVE SUITE 200 CITY/ST/ZIP/CO: ALLEN, TX 75013	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: JEFF KUMP TITLE: CFO ADDRESS: 500 W. BETHANY DRIVE SUITE 200 CITY/ST/ZIP/CO: ALLEN, TX 75013	<input checked="" 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/ JEFF KUMP	JEFF KUMP, CFO	2/24/2016
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.