

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	215510025
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1.) CORPORATION NAME: <b>ABC Payment Services, Inc.</b>	DUE DATE: <b>3/31/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>INCorp SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA</b>	SCC ID NO: <b>F1888918</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>MO</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 2960 JUDICIAL RD STE 100 CITY/ST/ZIP: BURNSVILLE, MN 55337	
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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: PAUL WOODWARD TITLE: P/D ADDRESS: 2960 JUDICIAL RD STE 100 CITY/ST/ZIP/CO: BURNSVILLE, MN 55337	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: MICHAEL JACOBS TITLE: VP/D ADDRESS: 2960 JUDICIAL RD STE 100 CITY/ST/ZIP/CO: BURNSVILLE, VA 55337	<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/ PAUL WOODWARD	PAUL WOODWARD, P/D	3/18/2015
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.