

1.) CORPORATION NAME:

ASSIST-CARD MARKETING (USA), INC.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1921875**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	7,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 175 SW 7th Street
Suite 2407

CITY/ST/ZIP: Miami, FL 33130

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: ALEXIA DIANA KEGLEVICH TITLE: PRESIDENT ADDRESS: ASSIST CARD BUILDING, Arias 3751 - C1430CRC CITY/ST/ZIP/CO: Buenos Aires, , AR</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: DAVID DEGALA TITLE: VICE PRESIDENT ADDRESS: 1000 WILSHIRE BLVD SUITE 2200 CITY/ST/ZIP/CO: LOS ANGELES, CA 90017</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JOHN A LUIKERT TITLE: VICE PRESIDENT ADDRESS: 3353 PEACHTREE ROAD NE SUITE 1000 CITY/ST/ZIP/CO: ATLANTA, GA 30326</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: Nigel Fitzmaurice Childs TITLE: TREASURER ADDRESS: 399 Park Avenue 8th Floor CITY/ST/ZIP/CO: New York, NY 10022</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: THOMAS A BRYAN TITLE: SECRETARY ADDRESS: 399 PARK AVENUE 8TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10022</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME:	Julie Murray	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	399 Park Avenue		
	8th Floor		
CITY/ST/ZIP/CO:	New York, NY 10022		

NAME:	Eleanor Kitzman	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	399 Park Avenue		
	8th Floor		
CITY/ST/ZIP/CO:	New York, NY 10022		

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/ Julie Murray	Julie Murray, ASST SECRETARY	12/31/2013
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.