

<b>SCC eFile</b>	<b>2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	216508345
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1.) CORPORATION NAME: <b>Paymentus Corporation</b>	DUE DATE: <b>4/30/2016</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>HSC AGENT SERVICES INC 2331 MILL RD STE 100 808 ALEXANDRIA, VA</b>	SCC ID NO: <b>F1927336</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ALEXANDRIA CITY</b>	5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,500
CLASS	AUTHORIZED				
COMMON	1,500				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13024 BALLANTYNE CORP. PLACE  
SUITE 450

CITY/ST/ZIP: CHARLOTTE, NC 28277

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: DUSHYANT SHARMA TITLE: PRESIDENT ADDRESS: 30 WEST BEAVER CREEK ROAD CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: GARY TRAINOR TITLE: DIRECTOR ADDRESS: 30 WEST BEAVER CREEK ROAD CITY/ST/ZIP/CO: , , FN	<input 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/ DUSHYANT SHARMA	DUSHYANT SHARMA, PRESIDENT	3/3/2016
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.