



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2010

1. Corporate ID No. 000161622

2. Name of Corporation Sage Payment Solutions, Inc.

3. Street Address Principal Business Office:

No. and Street: 1750 OLD MEADOW ROAD, SUITE 200

City or Town: MCLEAN

State: VA Zip: 22102 Country: USA

4. Business Phone No.

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

CREDIT CARD PROCESSING

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	GREG HAMMERMASTER	1750 OLD MEADOW ROAD, SUITE 200 MCLEAN, VA 22102 USA
SECRETARY	MELODY WILLIAMS DAPP	56 TECHNOLOGY DRIVE IRVINE, CA 92618 USA
CFO	JAMIE KANSKI	1750 OLD MEADOW ROAD, SUITE 200 MCLEAN, VA 22102 USA
VICE PRESIDENT	ROBERT STOCKTON	56 TECHNOLOGY DRIVE IRVINE, CA 92618 USA
ASSISTANT SECRETARY	BRIAN TRAN	56 TECHNOLOGY DRIVE IRVINE, CA 92618 USA
DIRECTOR	GREG HAMMERMASTER	1750 OLD MEADOW ROAD, SUITE 200 MCLEAN, VA 22102 USA
DIRECTOR	SUE SWENSON	56 TECHNOLOGY DRIVE IRVINE, CA 92618 USA
DIRECTOR	PAUL WALKER	NORTH PARK NEWCASTLE UPON TYNE, NE13 9AA UK
DIRECTOR	PAUL HARRISON	NORTH PARK NEWCASTLE UPON TYNE, NE13 9AA UK

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.01	1,000.00	1000

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 11 Day of February, 2010 at 5:08:40 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By BRIAN TRAN
Signature of Authorized Representative of the Corporation

ASSISTANT SECRETARY
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

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