

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000534033	2. Exact name of the limited liability company TSYS Merchant Solutions, LLC				
3. State of Formation Delaware	4. Brief description of the character of business conducted in Rhode Island Electronic Transaction Processing				
5. Principal office address One Tsys Way			City Columbus	State GA	Zip 31901
6. MAILING ADDRESS OF LI	MITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT I	PERSON:	
Contact Name Eric LaForge			Contact Title Senior Director		
Street Address One Tsys Way			City Columbus	State GA	^{Zip} 31901
7. LIST <u>ALL</u> MANAGERS (N. "("X" BOX FOR ATTACHM		RESSES) OF THE	LIMITED LIABILITY COMPANY, I	FAPPLICABLE - <u>DO</u>	NOT LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHO	DDE ISLAND				
This information is currently	of record in the	e Office of the Seci	retary of State. Changes require	filing Form 642.	

Under penalty of perjury, I declare and altri this report, including any accompanying so and that all statements contained herein ar	hedules and statements,
In doge	12/20/12
Signature of Authorized Person	Date
Eric Laforge	
Driet or Tune Name of Authorized Person	

Form No. 632 Revised: 01/2012