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| Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection |
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| Part I | Annual Report Identification Information |
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u> | |
| A This return/report is for: | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____ |
| B This return/report is: | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. | <input type="checkbox"/> |
| D Check box if filing under: | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description) |

| | | | | | |
|---|--|---|---|---|--|
| Part II | Basic Plan Information —enter all requested information | | | | |
| 1a Name of plan <u>VIEWPOINTE ARCHIVE SERVICES 401(K) PLAN</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2002</u></td> </tr> </table> | 1b Three-digit plan number (PN) ▶ | <u>001</u> | 1c Effective date of plan <u>01/01/2002</u> | |
| 1b Three-digit plan number (PN) ▶ | <u>001</u> | | | | |
| 1c Effective date of plan <u>01/01/2002</u> | | | | | |
| 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>VIEWPOINTE ARCHIVE SERVICES, LLC</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>7 TIME SQ. TOWER</u> <u>SUITE 2503</u> <u>NEW YORK, NY 10036</u> </div> <div style="width: 45%;"> <u>7 TIME SQ. TOWER</u> <u>SUITE 2503</u> <u>NEW YORK, NY 10036</u> </div> </div> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>76-0660530</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>646-827-3380</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541990</u></td> </tr> </table> | 2b Employer Identification Number (EIN) <u>76-0660530</u> | 2c Sponsor's telephone number <u>646-827-3380</u> | 2d Business code (see instructions) <u>541990</u> | |
| 2b Employer Identification Number (EIN) <u>76-0660530</u> | | | | | |
| 2c Sponsor's telephone number <u>646-827-3380</u> | | | | | |
| 2d Business code (see instructions) <u>541990</u> | | | | | |

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/17/2011 | TIMOTHY COFF |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
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| 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") VIEWPOINTE ARCHIVE SERVICES, LLC 7 TIME SQ. TOWER SUITE 2503 NEW YORK, NY 10036 | 3b Administrator's EIN 76-0660530 3c Administrator's telephone number 646-827-3380 |
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| | |
|---|-----------------------------------|
| 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name | 4b EIN 4c PN |
|---|-----------------------------------|

| | | |
|---|----------|-----|
| 5 Total number of participants at the beginning of the plan year | 5 | 116 |
|---|----------|-----|

| | | |
|--|-----------|-----|
| 6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d). | | |
| a Active participants..... | 6a | 71 |
| b Retired or separated participants receiving benefits..... | 6b | 0 |
| c Other retired or separated participants entitled to future benefits..... | 6c | 39 |
| d Subtotal. Add lines 6a , 6b , and 6c | 6d | 110 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... | 6e | 0 |
| f Total. Add lines 6d and 6e | 6f | 110 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... | 6g | 102 |
| h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6h | 0 |

| | | |
|--|----------|--|
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |
|--|----------|--|

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| | |
|--|--|
| 9a Plan funding arrangement (check all that apply) | 9b Plan benefit arrangement (check all that apply) |
| (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor |

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

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| SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. | | OMB No. 1210-0110 |
| | | | 2010 |
| | | | This Form is Open to Public Inspection. |

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

| | | |
|--|--|------------|
| A Name of plan VIEWPOINTE ARCHIVE SERVICES 401(K) PLAN | B Three-digit plan number (PN) ► | 001 |
| | | |
| C Plan sponsor's name as shown on line 2a of Form 5500 VIEWPOINTE ARCHIVE SERVICES, LLC | D Employer Identification Number (EIN) 76-0660530 | |

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|---------------|--|
| Part I | Service Provider Information (see instructions) |
|---------------|--|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

| |
|---|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|--|---|---|---|--|---|
| 64 37 65 | RECORDKEEPER | 455 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|--|---|---|---|--|---|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|--|---|---|---|--|---|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------------|--|--|---|---|--|---|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------------|--|--|---|---|--|---|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------------|--|--|---|---|--|---|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--|---|
| | | |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
| | | |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
| | | |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
| | | |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
| | | |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
| | | |

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |
| | |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |
| | |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |
| | |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN; |
| c Position: | |
| d Address: | e Telephone: |
| | |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN; |
| c Position: | |
| d Address: | e Telephone: |
| | |

Explanation:

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500. | OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2010</div> This Form is Open to Public Inspection |
|--|--|---|

| | | |
|--|---|--|
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 | | |
| A Name of plan VIEWPOINTE ARCHIVE SERVICES 401(K) PLAN | B Three-digit plan number (PN) | <div style="border: 1px solid black; padding: 2px; color: blue;">001</div> |
| C Plan sponsor's name as shown on line 2a of Form 5500 VIEWPOINTE ARCHIVE SERVICES, LLC | D Employer Identification Number (EIN) 76-0660530 | |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|-----------------|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other..... | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1109278 | 1139882 |
| (2) U.S. Government securities..... | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other..... | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | 79339 | 80310 |
| (9) Value of interest in common/collective trusts..... | 1c(9) | | |
| (10) Value of interest in pooled separate accounts..... | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds)..... | 1c(13) | 6360127 | 8059337 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | | |
| (15) Other | 1c(15) | | |

1d Employer-related investments:

| | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities | 1d(1) | | |
| (2) Employer real property | 1d(2) | | |
| e Buildings and other property used in plan operation | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e) | 1f | 7548744 | 9279529 |

Liabilities

| | | | |
|---|-----------|---|---|
| g Benefit claims payable | 1g | | |
| h Operating payables | 1h | | |
| i Acquisition indebtedness | 1i | | |
| j Other liabilities | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j) | 1k | 0 | 0 |

Net Assets

| | | | |
|---|-----------|---------|---------|
| l Net assets (subtract line 1k from line 1f) | 1l | 7548744 | 9279529 |
|---|-----------|---------|---------|

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

| | | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers | 2a(1)(A) | 391850 | |
| (B) Participants | 2a(1)(B) | 779590 | |
| (C) Others (including rollovers) | 2a(1)(C) | 59437 | |
| (2) Noncash contributions | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 1230877 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 214 | |
| (B) U.S. Government securities | 2b(1)(B) | | |
| (C) Corporate debt instruments | 2b(1)(C) | | |
| (D) Loans (other than to participants) | 2b(1)(D) | | |
| (E) Participant loans | 2b(1)(E) | 4858 | |
| (F) Other | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 5072 |
| (2) Dividends: (A) Preferred stock | 2b(2)(A) | | |
| (B) Common stock | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 110619 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 110619 |
| (3) Rents | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result | 2b(4)(C) | | |

| | | (a) Amount | (b) Total |
|---|-----------------|------------|-----------|
| 2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate..... | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) | | 1026550 |
| c Other income..... | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 2373118 |

Expenses

| | | | |
|--|--------------|--------|--------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 641850 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 641850 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 483 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 483 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 642333 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 1730785 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: EISNERAMPER LLP

(2) EIN: 13-1639826

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

| | Yes | No | Amount |
|---|-----|----|---------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)..... | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)..... | | X | |
| e Was this plan covered by a fidelity bond?..... | X | | 5000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)..... | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)..... | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?..... | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)..... | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | X | |

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

| 5b(2) EIN(s) | 5b(3) PN(s) |
|--------------|-------------|
| | |
| | |
| | |
| | |

| | | |
|---|---|---|
| <div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 | | |
| A Name of plan VIEWPOINTE ARCHIVE SERVICES 401(K) PLAN | | B Three-digit plan number (PN) ► 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 VIEWPOINTE ARCHIVE SERVICES, LLC | | D Employer Identification Number (EIN) 76-0660530 |
| Part I | Distributions | |
| All references to distributions relate only to payments of benefits during the plan year. | | |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | | 1 0 |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107 | | |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3. | | |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... | | 3 |
| Part II | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part) | |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| If the plan is a defined benefit plan, go to line 8. | | |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ | | |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. | | |
| 6 a Enter the minimum required contribution for this plan year | | 6a |
| b Enter the amount contributed by the employer to the plan for this plan year | | 6b |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | | 6c |
| If you completed line 6c, skip lines 8 and 9. | | |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| Part III | Amendments | |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No | | |
| Part IV | ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. | |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. | | |
| Schedule R (Form 5500) 2010 v.092308.1 | | |

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|--|------------|--|
| a The current year | 14a | |
| b The plan year immediately preceding the current plan year | 14b | |
| c The second preceding plan year | 14c | |

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|------------|--|
| a The corresponding number for the plan year immediately preceding the current plan year | 15a | |
| b The corresponding number for the second preceding plan year | 15b | |

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|--|------------|--|
| a Enter the number of employers who withdrew during the preceding plan year | 16a | |
| b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | 16b | |

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



**VIEWPOINTE ARCHIVE SERVICES, LLC
EMPLOYEES' RETIREMENT PLAN AND TRUST**

FINANCIAL STATEMENTS

**DECEMBER 31, 2010 and 2009
(with supplementary information)**

VIEWPOINTE ARCHIVE SERVICES, LLC EMPLOYEES' RETIREMENT PLAN AND TRUST

Contents

| | <u>Page</u> |
|---|-------------|
| Financial Statements | |
| Independent auditors' report | 1 |
| Statements of net assets available for plan benefits as of December 31, 2010 and 2009 | 2 |
| Statement of changes in net assets available for plan benefits for the year ended December 31, 2010 | 3 |
| Notes to financial statements | 4 |
| Supplementary Information | |
| Schedule H, Part IV, 4(i) - Supplemental schedule of assets held for investment purposes as of December 31, 2010 | 10 |

INDEPENDENT AUDITORS' REPORT

Plan Sponsor, Trustee and Participants
Viewpointe Archive Services, LLC Employees' Retirement Plan and Trust

We were engaged to audit the accompanying statement of net assets available for plan benefits of Viewpointe Archive Services, LLC Employees' Retirement Plan and Trust (the "Plan") as of December 31, 2010 and 2009, the related statement of changes in net assets available for plan benefits for the year then ended December 31, 2010 and the supplemental schedule of assets held for investment purposes as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Notes C and E, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and notes receivable from participants and executes such transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



New York, New York
October 13, 2011

VIEWPOINTE ARCHIVE SERVICES, LLC EMPLOYEES' RETIREMENT PLAN AND TRUST

Statements of Net Assets Available for Plan Benefits

| | December 31, | |
|---|----------------------------|----------------------------|
| | 2010 | 2009 |
| ASSETS | | |
| Investments at fair value | \$ 9,199,219 | \$ 7,469,405 |
| Notes receivable from participants | <u>80,310</u> | <u>79,339</u> |
| Net assets available for plan benefits | <u>\$ 9,279,529</u> | <u>\$ 7,548,744</u> |

VIEWPOINTE ARCHIVE SERVICES, LLC EMPLOYEES' RETIREMENT PLAN AND TRUST

Statement of Changes in Net Assets Available for Plan Benefits Year Ended December 31, 2010

Additions:

Investment income:

| | |
|--|------------------|
| Interest on participant loans | \$ 4,858 |
| Interest and dividend income | 110,832 |
| Net realized gain on the sale of investments and change in unrealized appreciation in the fair value of investments | <u>1,026,551</u> |
| Total investment income | <u>1,142,241</u> |

Contributions:

| | |
|---------------------------|------------------|
| Participant contributions | 779,590 |
| Rollover contributions | 59,437 |
| Employer contributions | <u>391,850</u> |
| Total contributions | <u>1,230,877</u> |
| Total additions | <u>2,373,118</u> |

Deductions:

| | |
|-------------------------------|----------------|
| Other expenses | 483 |
| Distributions to participants | <u>641,850</u> |
| Total deductions | <u>642,333</u> |

| | |
|--|---------------------|
| Net increase in net assets available for plan benefits | 1,730,785 |
| Net assets available for plan benefits - beginning of year | <u>7,548,744</u> |
| Net assets available for plan benefits - end of year | <u>\$ 9,279,529</u> |

VIEWPOINT ARCHIVE SERVICES, LLC EMPLOYEES' RETIREMENT PLAN AND TRUST

Notes to Financial Statements December 31, 2010, and 2009

NOTE A - DESCRIPTION OF PLAN

The Viewpoint Archive Services, LLC Employees' Retirement Plan and Trust (the "Plan") which covers all eligible employees of Viewpoint Archive Services, LLC (the "Company"), who elect to participate in the Plan, became effective January 1, 2002. Fidelity Management Trust Company (the "Trustee") serves as the Plan's trustee. Fidelity Institutional Operations Company, Inc. is the record-keeper for the individual participant accounts. Each participant allocates his or her contribution among the funds available in the Plan. The following summary description of the Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

[1] Eligibility:

Eligible employees may enroll in the plan on their hire date (if it is on the first day of the month) or on the first day of any subsequent month. Interns are not eligible to participate in the Plan.

[2] Participants' accounts and vesting:

Participants are permitted to make pre-tax contributions to the Plan in amounts as limited under the Internal Revenue Code ("IRC"). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions (which are not matched by the Company). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Each participant's account is credited with the participant's contribution and credited or charged with the allocations of plan earnings or losses based on their respective pro rata share in each fund.

For each plan year, the Company may contribute to the Plan a discretionary matching contribution, as determined with respect to each plan year. The matching contribution shall be contributed to each eligible participant in accordance with the nondiscriminatory formula determined by the Company. Notwithstanding the foregoing, however, the Company's contribution for any fiscal year shall not exceed the maximum allowable as a deduction to the Company under the provisions of Section 404 of the IRC. The Company made matching contributions of \$391,850 in 2010.

All contributions both from participants and the Company, and earnings or losses thereon, are 100% vested and nonforfeitable at all times. Upon retirement at age 65, in the event of disability as defined in the Plan, or other termination of employment, distributions may be made in whole or in part, generally at the election of the participant. Upon death, distributions may be made in whole or in part at the election of the participant's beneficiary.

[3] Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 (reduced by participant's highest outstanding loan balance during the previous 12-month period) or 50% of the balance of their participant account (calculated as of the valuation date of the loan request). A participant must repay the loan within five years through monthly payroll deductions, or within 20 years if the loan proceeds are used to acquire a principal residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator, ranging from 5.25% to 9.25%. Principal and interest are paid ratably through payroll deductions.

VIEWPOINTE ARCHIVE SERVICES, LLC EMPLOYEES' RETIREMENT PLAN AND TRUST

Notes to Financial Statements December 31, 2010, and 2009

NOTE A - DESCRIPTION OF PLAN

[4] Payment of benefits:

On termination of service or death, a participant may either receive a lump-sum amount equal to the value of the participant's vested interest in his or her account or elect to defer distribution until the dates as of which distribution is required. A participant is obligated to receive a lump sum amount on termination of service or death if the participant's account balance does not exceed \$1,000.

[5] Plan termination:

The Company reserves the right, at any time, to amend or terminate the Plan, subject to the provisions of ERISA. The Company has not expressed any intent to discontinue or terminate the Plan.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

[1] Basis of presentation:

The financial statements of the Plan are prepared under the accrual method of accounting.

[2] Investment and income recognition:

The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices, which represent net asset value of shares held by the Plan at year end. See Note D for discussion of fair value measurements.

Investment earnings include the realized gains and losses on disposal of investments and appreciation or depreciation in the fair value of the underlying investments comprising the respective mutual funds. Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date.

[3] Use of estimates:

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for plan benefits at the date of the financial statements and the changes in net assets available for plan benefits during the reporting period and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

[4] Payment of benefits:

Benefits are recorded when paid.

[5] Notes receivable from participants:

In September 2010, the Financial Accounting Standards Board ("FASB") issued new guidance that requires participant loans be classified as notes receivable from participants in the financial statements of a defined contribution pension plan, measured at the unpaid principal balance plus accrued, but unpaid interest. The Plan adopted the new guidance, which is effective for fiscal years ending after December 15, 2010, and is applied retrospectively, by reclassifying participant loans on the statement of net assets available for plan benefits for all years presented. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

VIEWPOINTE ARCHIVE SERVICES, LLC EMPLOYEES' RETIREMENT PLAN AND TRUST

Notes to Financial Statements December 31, 2010, and 2009

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[6] Plan expenses:

Substantially all expenses, with the exception of participant loan origination fees and entry fees into specific funds, incurred in connection with the administration of the Plan are paid by the Company.

NOTE C - INVESTMENT CERTIFICATION

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Trustee of the Plan has certified the completeness and accuracy of all investments, notes receivable from participants and the related activities of such assets in the accompanying statement of net assets available for plan benefits as of December 31, 2010 and 2009, the statement of changes in net assets available for plan benefits for the year ended December 31, 2010 and the accompanying supplemental schedule of assets held for investment purposes as of December 31, 2010.

NOTE D - FAIR VALUE MEASUREMENTS

FASB's Accounting Standards Codification ("ASC") 820, "Fair Value Measurements and Disclosures", provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements), and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include (1) quoted prices for similar assets or liabilities in active markets; (2) quoted prices for identical or similar assets or liabilities in inactive markets; (3) inputs other than quoted prices that are observable for the asset or liability; or (4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Assets and liabilities measured at fair value are based on one or more of the following three valuation techniques:

- A. Market approach: Prices and other relevant information generated by market transactions including identical or comparable assets or liabilities.
- B. Income approach: Techniques to convert future amounts to a single present amount based upon market expectations (including present value techniques, option-pricing and excess earnings models).
- C. Cost approach: Amount that would be required to replace the service capacity of an asset (replacement cost).

VIEWPOINTE ARCHIVE SERVICES, LLC EMPLOYEES' RETIREMENT PLAN AND TRUST

Notes to Financial Statements December 31, 2010, and 2009

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

The valuation techniques used to measure fair value of the investments are included in Note B[2]. There have been no changes in the methodologies used at December 31, 2010 and 2009.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

| Assets at Fair Value December 31, 2010 | | |
|---|---------------------|---------------------|
| | (Level 1) | Total |
| Investments: | | |
| Mutual Funds: | | |
| Mid/Large Cap Stock | \$ 4,308,581 | \$ 4,308,581 |
| Blended | 1,844,827 | 1,844,827 |
| International | 720,535 | 720,535 |
| Fixed Income | 613,324 | 613,324 |
| Small Cap Stock | 315,432 | 315,432 |
| Specialty | 256,638 | 256,638 |
| Money Market | <u>1,139,882</u> | <u>1,139,882</u> |
| Total investments | <u>\$ 9,199,219</u> | <u>\$ 9,199,219</u> |

| Assets at Fair Value December 31, 2009 | | |
|---|---------------------|---------------------|
| | (Level 1) | Total |
| Investments: | | |
| Mutual Funds: | | |
| Mid/Large Cap Stock | \$ 3,314,315 | \$ 3,314,315 |
| Blended | 1,637,192 | 1,637,192 |
| International | 569,655 | 569,655 |
| Fixed Income | 480,165 | 480,165 |
| Small Cap Stock | 189,033 | 189,033 |
| Specialty | 169,767 | 169,767 |
| Money Market | <u>1,109,278</u> | <u>1,109,278</u> |
| Total investments | <u>\$ 7,469,405</u> | <u>\$ 7,469,405</u> |

Changes in fair value levels:

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

VIEWPOINTE ARCHIVE SERVICES, LLC EMPLOYEES' RETIREMENT PLAN AND TRUST

Notes to Financial Statements December 31, 2010, and 2009

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

Changes in fair value levels: (continued)

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for plan benefits. For the year ended December 31, 2010, there were no significant transfers in or out of Levels 1, 2 or 3.

NOTE E - INVESTMENTS AND INVESTMENT INCOME

Investments that represent 5% or more of the fair value of the Plan's net assets are as follows:

| | December 31, | |
|-------------------------------------|--------------|------------|
| | 2010 | 2009 |
| Fidelity Growth Company | \$ 576,037 | \$ 455,274 |
| Fidelity Diversified International | 492,350 | 382,095 |
| Fidelity Mid Cap Stock | 565,219 | 415,000 |
| Fidelity Freedom 2020 | * | 511,970 |
| Fidelity Spartan Total Market Index | 505,336 | 378,259 |
| Fidelity Retire Money Market | 1,139,882 | 1,109,278 |

* Investment was not more than 5% of the Plan's net assets in given year.

The Plan's investment income as provided by the trustee during the year ended December 31, 2010 was as follows:

| | |
|---|---------------------|
| Interest on participant loans | \$ 4,858 |
| Interest and dividend income | 110,832 |
| Net realized gain on the sale of investments and change in unrealized appreciation in fair value of investments | <u>1,026,551</u> |
| | <u>\$ 1,142,241</u> |

NOTE F - RECENT ACCOUNTING DEVELOPMENTS

In May 2011, the FASB issued ASU No. 2011-04, Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in US GAAP and International Financial Reporting Standards (Topic 820) - Fair Value Measurement. The new guidance relates to fair value measurements, related disclosures and consistent definition of the term "fair value" in US GAAP and International Financial Reporting Standards. The amendment clarifies how to apply the existing fair value measurements and disclosures. For fair value measurements classified within Level 3, an entity is required to disclose quantitative information about the unobservable inputs. A reporting entity is also required to disclose additional information like valuation processes, a narrative description of the sensitivity of the fair value measurements to changes in unobservable inputs and the interrelationships between those unobservable inputs. For nonpublic entities, the guidance is effective no earlier than for interim periods beginning after December 15, 2011. The Plan will evaluate the impact of the adoption of ASU No. 2011-04 on its financial statements, when effective.

VIEWPOINTE ARCHIVE SERVICES, LLC EMPLOYEES' RETIREMENT PLAN AND TRUST

Notes to Financial Statements December 31, 2010, and 2009

NOTE F - RECENT ACCOUNTING DEVELOPMENTS (CONTINUED)

In January 2010, FASB issued new accounting guidance for Fair Value Measurements and Disclosures and Improving Disclosures about Fair Value Measurements. The guidance requires plans to enhance disclosures about fair value measurements in fiscal years 2010 and 2011. The enhanced disclosures related to 2010 are reflected in these financial statements. In 2011, the Plan is required to disclose information about purchases, sales, issuances and settlements for items in Level 3 of the fair value measurements on a gross basis rather than net. The Plan will comply with these requirements in 2011, as applicable.

NOTE G - INCOME TAX STATUS

The Plan is a prototype plan sponsored by Fidelity Management & Research Co. The Internal Revenue Service has determined and informed the Company by letter dated March 31, 2008, that the prototype plan is qualified and the trust established under the prototype plan is tax-exempt under the appropriate sections of the Internal Revenue Code of 1986, as amended. The Plan's administrator and tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

NOTE H - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, credit, liquidity and market perception risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

Users of these financial statements should be aware that the financial markets' volatility may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2010 may not necessarily be indicative of amounts that could be realized in a current market exchange.

NOTE I - PARTIES-IN-INTEREST TRANSACTIONS

Plan investments are shares of mutual funds managed by Fidelity Management Trust Company which is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest.

NOTE J - SUBSEQUENT EVENTS

The Company has evaluated subsequent events through October 13, 2011, the date the financial statements were available to be issued, and no additional disclosures are required.

SUPPLEMENTARY INFORMATION

VIEWPOINTE ARCHIVE SERVICES, LLC EMPLOYEES' RETIREMENT PLAN AND TRUST

Schedule H, Part IV, 4(i) - Supplemental Schedule of Assets Held for Investment Purposes December 31, 2010

| (b) Identity of Issue, Borrower, Lessor or Similar Party | Description of Investment | Current Value |
|---|---|---------------------|
| Fidelity** | Fidelity Fund | \$ 32,553 |
| Fidelity** | Puritan Fund | 319,295 |
| Fidelity** | Value Strategies Fund | 157,521 |
| Fidelity** | Contrafund | 336,275 |
| Fidelity** | Equity Income Fund | 241,224 |
| Fidelity** | Growth Company Fund | 576,037 |
| Fidelity** | Investment Grade Bond Fund | 305,025 |
| Fidelity** | Intermediate Bond Fund | 192,548 |
| Fidelity** | Value Fund | 334,489 |
| Fidelity** | OTC Portfolio | 86,038 |
| Fidelity** | Overseas Fund | 156,517 |
| Fidelity** | Real Estate Investment Portfolio | 256,638 |
| Fidelity** | Blue Chip Growth Fund | 368,231 |
| Fidelity** | Low Priced Stock Fund | 304,781 |
| Fidelity** | Equity Income II Fund | 45,035 |
| Fidelity** | Growth Strategies Fund | 191,741 |
| Fidelity** | Diversified International Fund | 492,350 |
| Fidelity** | Dividend Growth Fund | 96,704 |
| Fidelity** | Export & Multinational Fund | 71,668 |
| Fidelity** | Mid Cap Stock Fund | 565,219 |
| Fidelity** | Large Cap Stock Fund | 115,801 |
| Fidelity** | Freedom Income Fund | 17,663 |
| Fidelity** | Freedom 2010 Fund | 50,765 |
| Fidelity** | Freedom 2020 Fund | 431,170 |
| Fidelity** | Freedom 2030 Fund | 211,939 |
| Fidelity** | Small Cap Discovery Fund | 218,865 |
| Fidelity** | Spartan Total Market Index Fund | 505,336 |
| Fidelity** | Spartan Extended Market Index Fund | 82,525 |
| Fidelity** | Short Term Bond Fund | 115,751 |
| Fidelity** | Fifty | 269,071 |
| Fidelity** | Retirement Money Market Portfolio | 1,139,882 |
| Fidelity** | Freedom 2040 Fund | 127,831 |
| Fidelity** | Freedom 2015 Fund | 209,879 |
| Fidelity** | Freedom 2025 Fund | 342,826 |
| Fidelity** | Freedom 2035 Fund | 117,376 |
| Fidelity** | Small Cap Value Fund | 96,567 |
| Fidelity** | Freedom 2045 Fund | 16,083 |
| | Participant Loans - Rates 5.25% to 9.25%* | 80,310 |
| | | <u>\$ 9,279,529</u> |

Cost information is not provided since the Plan is an individual plan with participant-directed transactions.

* Parties-in-interest not prohibited by ERISA

** Represents parties-in-interest to the plan

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2010

| <u>Fund Name (Cusip #)</u> | <u>Share Balance 12/31/2010</u> | <u>Historical Cost</u> | <u>Price</u> | <u>Total Market Value</u> |
|----------------------------|-------------------------------------|------------------------|--------------|---------------------------|
| FID FIDELITY | 1,012.529 | \$30,687.54 | \$32.15 | \$32,552.81 |
| FID PURITAN | 17,827.774 | \$312,497.37 | \$17.91 | \$319,295.43 |
| FID VALUE STRATEGIES | 5,656.041 | \$128,878.95 | \$27.85 | \$157,520.74 |
| FID CONTRAFUND | 4,964.941 | \$287,495.66 | \$67.73 | \$336,275.45 |
| FID EQUITY INCOME | 5,450.148 | \$249,189.54 | \$44.26 | \$241,223.55 |
| FID GROWTH COMPANY | 6,927.683 | \$418,065.03 | \$83.15 | \$576,036.84 |
| FIDELITY INVST GR BD | 41,275.419 | \$296,501.74 | \$7.39 | \$305,025.35 |
| FID INTERMED BOND | 18,250.967 | \$185,359.00 | \$10.55 | \$192,547.70 |
| FID VALUE | 4,869.546 | \$299,398.63 | \$68.69 | \$334,489.11 |
| FID OTC PORTFOLIO | 1,566.322 | \$73,815.40 | \$54.93 | \$86,038.07 |
| FID OVERSEAS | 4,818.876 | \$165,485.92 | \$32.48 | \$156,517.09 |
| FID REAL ESTATE INVS | 9,989.792 | \$251,565.58 | \$25.69 | \$256,637.76 |
| FID BLUE CHIP GROWTH | 8,119.768 | \$304,599.89 | \$45.35 | \$368,231.48 |
| FIDELITY LOW PR STK | 7,941.159 | \$292,210.73 | \$38.38 | \$304,781.68 |
| FID EQUITY INCOME II | 2,467.693 | \$38,941.03 | \$18.25 | \$45,035.40 |
| FID GR STRATEGIES | 9,380.683 | \$153,208.08 | \$20.44 | \$191,741.16 |
| FID DIVERSIFIED INTL | 16,330.024 | \$472,878.07 | \$30.15 | \$492,350.22 |
| FID DIVIDEND GROWTH | 3,401.470 | \$82,987.36 | \$28.43 | \$96,703.79 |
| FID EXP & MULTINATL | 3,286.023 | \$60,369.28 | \$21.81 | \$71,668.16 |
| FID MID CAP STOCK | 19,591.648 | \$460,462.55 | \$28.85 | \$565,219.04 |
| FID LARGE CAP STOCK | 6,575.847 | \$95,195.41 | \$17.61 | \$115,800.67 |
| FID FREEDOM INCOME | 1,565.914 | \$16,853.22 | \$11.28 | \$17,663.51 |
| FID FREEDOM 2000 | 0.000 | \$0.00 | \$11.94 | \$0.00 |
| FID FREEDOM 2010 | 3,735.528 | \$47,391.52 | \$13.59 | \$50,765.83 |

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2010

| <u>Fund Name (Cusip #)</u> | <u>Share Balance 12/31/2010</u> | <u>Historical Cost</u> | <u>Price</u> | <u>Total Market Value</u> |
|----------------------------|-------------------------------------|------------------------|--------------|---------------------------|
| FID FREEDOM 2020 | 31,266.877 | \$367,940.54 | \$13.79 | \$431,170.23 |
| FID FREEDOM 2030 | 15,391.365 | \$204,557.69 | \$13.77 | \$211,939.10 |
| FID SM CAP DISCOVERY | 10,691.965 | \$169,656.72 | \$20.47 | \$218,864.52 |
| SPTN TOTAL MKT INDEX | 13,871.418 | \$440,212.68 | \$36.43 | \$505,335.76 |
| SPTN EXTND MKT INDEX | 2,162.029 | \$63,235.14 | \$38.17 | \$82,524.65 |
| FID SHORT TERM BOND | 13,682.113 | \$114,969.29 | \$8.46 | \$115,750.68 |
| FID FIFTY | 15,262.085 | \$273,611.39 | \$17.63 | \$269,070.56 |
| FIDELITY RETIRE MMKT | 1,139,882.400 | \$1,139,882.40 | \$1.00 | \$1,139,882.40 |
| FID FREEDOM 2040 | 15,958.987 | \$110,188.27 | \$8.01 | \$127,831.49 |
| FID FREEDOM 2005 | 0.000 | \$0.00 | \$10.81 | \$0.00 |
| FID FREEDOM 2015 | 18,507.871 | \$180,374.13 | \$11.34 | \$209,879.26 |
| FID FREEDOM 2025 | 29,759.162 | \$268,949.92 | \$11.52 | \$342,825.55 |
| FID FREEDOM 2035 | 10,233.269 | \$95,583.40 | \$11.47 | \$117,375.60 |
| FID SMALL CAP VALUE | 6,186.258 | \$67,984.44 | \$15.61 | \$96,567.49 |
| FID FREEDOM 2045 | 1,694.578 | \$12,781.75 | \$9.49 | \$16,081.55 |
| FID FREEDOM 2050 | 0.000 | \$0.00 | \$9.38 | \$0.00 |
| OUTSTANDING LOAN BALANCE | | | | \$80,309.77 |
| | | | | ----- |
| | | NET ASSETS 12/31/2010: | | \$9,279,529.45 |
| | | | | ===== |

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See chapter 7 of the Fidelity auditor's guide for financial statement presentation and disclosure information.