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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SAVVIS, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

SAVVIS, INC.

1 SAVVIS PKWY
TOWN AND COUNTRY, MO 63017

1 SAVVIS PKWY
TOWN AND COUNTRY, MO 63017

2b Employer Identification Number (EIN)
43-1727675

2c Sponsor's telephone number
314-628-7000

2d Business code (see instructions)
541990

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.	10/11/2012	BRITNE THOMASSON
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
SAVVIS, INC.

1 SAVVIS PKWY
TOWN AND COUNTRY, MO 63017

3b Administrator's EIN
43-1727675

3c Administrator's telephone number
314-628-7000

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**	2950
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**	1957
b	Retired or separated participants receiving benefits	**6b**	5
c	Other retired or separated participants entitled to future benefits	**6c**	1041
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	3003
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	7
f	Total. Add lines **6d** and **6e**	**6f**	3010
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2854
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	101
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:
2E 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)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		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)	X	**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)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
SAVVIS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAVVIS, INC.

D Employer Identification Number (EIN)
43-1727675

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).. . . . . [X] 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

FID.INV.INST.OPS.CO.

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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 60	RECORDKEEPER	25622	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

AON CONSULTING

59-2706923

(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?
16	CONSULTANT	27958	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STRATEGIC ADVISORS, INC.

04-2654524

(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?
27	ADVISOR	10415	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BARON ASSET INST - DST SYSTEMS, INC 43-1581814	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BLKRK EQUITY DIV I - BNY MELLON INV P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
EAGLE SM CAP GRTH I - JPMORGAN INVE 73 TREMONT STREET BOSTON, MA 02108	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
GS MIDCAP VALUE INST - GOLDMAN, SAC 13-5108880	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
NORTHERN SM CAP VAL - NORTHERN TRUS 36-2723087	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIM TOTAL RT INST - BOSTON FINANCIA 330 W. 9TH STREET KANSAS CITY, MO 66160	0.01%

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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
SAVVIS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SAVVIS, INC.

D Employer Identification Number (EIN)
43-1727675

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FID MGD INC PORT II

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
04-3022712-025	C	21369243

a Name of MTIA, CCT, PSA, or 103-12 IE: FID MGD INC PORT

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
04-3022712-024	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
SAVVIS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAVVIS, INC.

D Employer Identification Number (EIN)
43-1727675

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)		
(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)	2621567	2760376
(9) Value of interest in common/collective trusts	1c(9)	22143018	21369243
(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)	117159710	124079274
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	141924295	148208893
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 through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	141924295	148208893

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)	5683332	
(B) Participants	2a(1)(B)	14497850	
(C) Others (including rollovers)	2a(1)(C)	486995	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		20668177
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	121957	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		121957
(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)	3277308	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3277308
(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)		640422
(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)		-6201994
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		18505870
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12153807	
(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)		12153807
f Corrective distributions (see instructions)	2f		625
g Certain deemed distributions of participant loans (see instructions)	2g		1788
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)	10415	
(4) Other	2i(4)	54637	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		65052
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12221272
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		6284598
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: BROWN SMITH WALLACE (2) EIN: 43-1001367

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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**		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?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ **Yes** ☒ **No**

If "Yes," enter the amount of any plan assets that reverted to the employer this year **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)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
SAVVIS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAVVIS, INC.

D Employer Identification Number (EIN)
43-1727675

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 of 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)? ..... ☐ **Yes** ☐ **No** ☐ **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 (include any prior year accumulated funding deficiency not waived) **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? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **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. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **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? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **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.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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):

SAVVIS, INC. 401(K) PLAN

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2011

TABLE OF CONTENTS

Page

Independent Auditors' Report 1

Financial Statements

Statements of Net Assets Available for Benefits 2

Statements of Changes in Net Assets Available for Benefits 3

Notes to Financial Statements 4

Supplemental Schedule

Schedule of Assets (Held at End of Year) 14

BROWN SMITH WALLACE LLC
1050 N. LINDBERGH BOULEVARD ST. LOUIS, MO 63132 PH 314.983.1200 FX 314.983.1300 WWW.BSWLLC.COM

A MEASURABLE DIFFERENCE™

Independent Auditors' Report

To the Participants and Plan Administrator of the
Savvis, Inc. 401(k) Plan
St. Louis, Missouri

We were engaged to audit the financial statements of the Savvis, Inc. 401(k) Plan (the "Plan") as of December 31, 2011 and 2010, and for the years then ended and the supplemental schedule as of December 31, 2011, as listed in the accompanying table of contents. 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 information summarized in Note C, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the 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 executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2011 and 2010, and for the years then ended, 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 the supplemental schedule taken as a whole. The supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and the 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.

Brown Smith Wallace, LLC

St. Louis, Missouri
August 21, 2012

SAVVIS, INC. 401(k) PLAN

Statements of Net Assets Available for Benefits

December 31, 2011 and 2010
(See Independent Auditors' Report)

	2011	2010
ASSETS		
Investments, at fair value	**$ 145,448,518**	$ 139,302,728
Receivables:		
Notes receivable from participants	**2,760,375**	2,621,567
Participants' contributions receivable	**446,509**	428,397
Employer contributions receivable	**637,324**	182,184
Total receivables	**3,844,208**	3,232,148
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	**149,292,726**	142,534,876
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	**(519,201)**	(184,292)
NET ASSETS AVAILABLE FOR BENEFITS	**$ 148,773,525**	$ 142,350,584

The accompanying notes are an integral part of these financial statements.

SAVVIS, INC. 401(k) PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2011 and 2010
(See Independent Auditors' Report)

	2011	2010
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	**$ 3,582,382**	$ 2,581,266
Net appreciation (depreciation) in fair value of investments	**(6,201,994)**	13,657,444
Total investment income (loss)	**(2,619,612)**	16,238,710
Contributions:		
Employer	**6,138,472**	4,905,474
Participant	**14,515,962**	12,433,818
Rollover	**486,995**	1,783,500
Total contributions	**21,141,429**	19,122,792
Interest on notes receivable from participants	**125,306**	135,017
Total additions	**18,647,123**	35,496,519
Deductions from net assets attributed to:		
Benefits paid to participants	**12,154,432**	11,116,442
Administrative expenses	**69,750**	78,241
Total deductions	**12,224,182**	11,194,683
NET INCREASE	**6,422,941**	24,301,836
Net assets available for benefits at beginning of year	**142,350,584**	118,048,748
Net assets available for benefits at end of year	**$ 148,773,525**	$ 142,350,584

The accompanying notes are an integral part of these financial statements.

Note A - Plan Description

The following description of the Savvis, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a 401(k) defined contribution plan as defined by Section 401 of the Internal Revenue Code ("IRC"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility

Employees may enroll in the Plan on the first day of each month.

Contributions

Participants may contribute up to 60% of their compensation to the Plan, not to exceed certain dollar limits established by the IRC. Savvis, Inc. (the "Company" or "Employer") matches such contributions on a 50% basis up to a maximum of 8% of annual compensation. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

Eligible employees are enrolled in the Plan automatically. Unless an employee affirmatively elects otherwise, a 3% pre-tax contribution will be deducted from each payroll and the participant will receive the Company matching contribution.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's contribution and Plan earnings and charged with an allocation of certain administrative expenses. Allocations are based on a participant earnings or account balance, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Plan participants vest in the amount credited to the Company contribution account in accordance with the following schedule:

- after one year of service 25%
- after two years of service 50%
- after 3 years of service 100%

Note A - Plan Description (Continued)

Vesting (Continued)

The entire amount credited to a participant's account becomes fully vested and nonforfeitable, if any of the following occur:

- The participant reaches normal retirement age
- Termination of participant's employment because of total disability
- The participant's death while employed

Participants' voluntary contributions are fully vested and nonforfeitable at all times. Forfeitures of the non-vested account balances of terminated participants are used to reduce future Company contributions to the Plan. As of December 31, 2011 and 2010, forfeited non-vested accounts totaled $84,523 and $127,786, respectively.

Payment of Benefits

Upon attainment of normal retirement age or total disability, the amount credited to a participant's account shall be payable in a lump sum payment or as an annuity, based on each participant's election in accordance with the Plan agreement. The amount credited to the account of the participant at the date of death shall be distributed to the named beneficiary as a lump sum cash payment.

Upon termination of employment for reasons other than death, total disability or retirement, the participant may also elect to receive his or her vested balance in the form of a lump sum payment or annuity.

Investment Programs

Contributions are remitted to the Trustee and credited to a participant's account based upon the Plan's provisions and employee elections. Each participant elects the amount of the participant's account balance to be invested in each of the investment funds.

Notes Receivable from Participants

Participants may borrow from the Plan the lesser of $50,000 or 50% of their vested account balance with a minimum loan amount of $1,000. Loans are repayable in installments through payroll deductions over various repayment periods as defined by the Plan. Participant receivables bear interest at a fixed rate as determined by the Plan Administrator which is to be based on interest rates charged for similar types of loans by other lenders.

Note B - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment contracts or stable value investments, held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to a fully benefit-responsive investment because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the contracts, as well as an adjustment for the fully benefit-responsive investments from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of Estimates in Financial Statement Presentation

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may vary from reported amounts.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Note B - Summary of Significant Accounting Policies (Continued)

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated all subsequent events through August 21, 2012, the date the financial statements were available to be issued.

Note C - Investments

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 the ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained certifications from Fidelity Management Trust Company ("Fidelity") that all of the information provided by Fidelity included in the accompanying financial statements and Schedule of Assets (Held at End of Year) is complete and accurate. Information as to the investments in the accounts of Fidelity, investment income, and all information appearing in the accompanying statements and Schedule of Assets (Held at End of Year) are presented in reliance solely upon these certifications.

The following investments represent five percent or more of the Plan's net assets:

	2011	2010
Fidelity Balanced Fund	**$ 9,288,719**	$ 9,109,680
Fidelity Contrafund	**Less than 5%**	29,373,706
Fidelity Contrafund K	**29,253,585**	Less than 5%
Fidelity Managed Income Portfolio	**Less than 5%**	19,546,125*
Fidelity Managed Income Portfolio II	**20,850,042***	Less than 5%
Spartan U.S. Equity Index Fund	**9,285,344**	9,061,950
Fidelity Diversified International	**11,090,816**	13,056,230
Spartan Extend Market Index	**7,843,154**	8,319,371

*This amount represents contract value for this investment

The Plan's mutual fund investments (including gains and losses on investment bought and sold, as well as held during the year) appreciated (depreciated) in value by $(6,201,994) and $13,657,444 during the years ended 2011 and 2010, respectively.

Note D - Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That 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 under FASB ASC 820 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:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- 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 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. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Mutual funds – Valued at the quoted market price representing the net asset value ("NAV") of shares held by the Plan at year end.

Note D - Fair Value Measurements (Continued)

Collective Trusts – Valued at NAV as a practical expedient of fair value. The NAV is based on the underlying investments which are traded on an active market.

The preceding methods used to arrive at a fair value calculation may not be indicative of the net realizable value or reflective of future fair values. Furthermore, while 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 investments at fair value as of December 31, 2011 and 2010:

		Investments at Fair Value as of December 31, 2011		
Description	Total	Level 1	Level 2	Level 3
Mutual Funds:				
Small Cap	$ 6,432,247	$ 6,432,247	$ -	$ -
Mid Cap	13,377,209	13,377,209	-	-
Large Cap	44,343,729	44,343,729	-	-
Balance	36,777,996	36,777,996	-	-
International	12,191,016	12,191,016	-	-
Income	10,957,078	10,957,078	-	-
Collective Trust – Fixed Income	21,369,243	-	21,369,243	-
Total	$145,448,518	$124,079,275	$ 21,369,243	$ -

Note D - Fair Value Measurements (Continued)

		Investments at Fair Value as of December 31, 2010		
Description	Total	Level 1	Level 2	Level 3
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Small Cap	$ 5,625,069	$ 5,625,069	$ -	$ -
Mid Cap	13,749,171	13,749,171	-	-
Large Cap	42,924,278	42,924,278	-	-
Balance	32,465,389	32,465,389	-	-
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Income	8,651,578	8,651,578	-	-
Collective Trusts – Fixed Income	22,143,018	-	22,143,018	-
Total	$139,302,728	$117,159,710	$ 22,143,018	$ -

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2011 and 2010:

Investment Type	Fair Value at December 31, 2011	Fair Value at December 31, 2010	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective Trust Funds(a):					
Blended Stable Value	$ 21,369,243	$ 22,143,018	$ -	Daily	Daily

(a) This category includes collective trust funds that have a goal to preserve capital as well as to provide a competitive level of income over time. The funds pursues this objective by investing in a diversified portfolio of high-quality short-term bonds consisting of several fixed-income asset classes, including U.S. Treasuries, government agency securities, corporate debt, asset-backed securities and mortgage-backed securities, as well as units of a money market portfolio. The Portfolio is wrapped by a syndicate of five banks and insurance companies, facilitating book value withdrawals. The investments in this category can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of the investments in this category has been estimated using the net asset value per share of the underlying investments.

Note E - Investment in Collective Trusts

The Fidelity Managed Income Portfolio and the Fidelity Managed Income Portfolio II (the "Funds"), collective trust funds, invest in a variety of investment contracts such as guaranteed investment contracts ("GICs") issued by insurance companies and other financial institutions and other investment products with similar characteristics. The Funds primarily hold investments in fully benefit-responsive investment contracts that provide that the Plan may make withdrawals at contract value for benefit-responsive requirements.

The Plan's interest in the Funds is calculated by applying the plan's ownership percentage in the Fund to the total fair value of the Fund. The underlying assets owned by the Funds consist primarily of the readily marketable fixed income securities with quoted market prices. The interest-crediting rate is determined quarterly and is calculated using the dollar weighted yield to maturity of the covered investments.

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment in the Funds at contract value. Certain events, such as termination of the Plan or a material adverse change in the provisions of the Plan, may limit the ability of the Plan to transact at contract value with the issuer. The Plan Administrator does not believe the occurrence of any such event is probable.

The average yield and crediting interest rate earned by the Managed Income Portfolio II for the year ended December 31, 2011 and 2010 was 1.60% and 1.82%, respectively. The average yield earned by the Plan's investment in the Managed Income Portfolio that also reflects the actual interest credited to the participants for the year ended December 31, 2010 was 1.44%.

Note F - Tax Status of Plan

The Company adopted a prototype plan provided by the Plan's trustee and recordkeeper. The prototype plan received a favorable opinion letter from the Internal Revenue Service on October 9, 2003, stating that the prototype plan is designed in accordance with the applicable sections of the IRC. The Plan has been amended since the date of the opinion letter. The Plan Administrator believes that the Plan, as amended, is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan Administrator believes that the Plan, as amended, and the related trust are tax-exempt as of the financial statement date.

Note F - Tax Status of Plan (Continued)

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 be sustained upon examination. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, 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 audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2008.

Note G - Party-in-Interest

At December 31, 2011 and 2010, the Plan's investments include shares of mutual funds and units of participation in collective trust investments managed by Fidelity Investments. Fidelity is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. During 2011 and 2010, the Company paid certain administrative expenses of the Plan.

Note H - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their account balances. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

Note I - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to risks such as interest rate, market, and credit 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 statement of net assets available for benefits.

Note J - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits and as of December 31, 2011 and 2010 per the financial statements to Form 5500:

	2011	2010
Net assets available for benefits per the financial statements	**$148,773,525**	$142,350,584
Employee and employer contribution receivable	(**1,083,833)**	(610,581)
Adjustment from contract value to fair value for fully benefit-responsive investments	**519,201**	184,292
Net assets available for benefits per Form 5500	**$148,208,893**	$141,924,295

The following is a reconciliation of the change in net assets available for benefits for the year ended December 31, 2011 per the financial statements to Form 5500:

Increase in net assets available for benefits per the financial statements	**$ 6,422,941**
Reversal of prior year contract to fair value adjustment	**(184,292)**
Current year contract to fair value adjustment	**519,201**
Add: Contributions receivable 2010	**610,581**
Less: Employee and employer contributions receivable 2011	**(1,083,833)**
Increase in net assets available for benefits per the Form 5500	**$ 6,284,598**

Supplemental Schedule

SAVVIS, INC. 401(k) PLAN
EIN#43-1727675 Plan 001

Schedule of Assets (Held at End of Year)
Form 5500 - Schedule H - Line 4i

December 31, 2011

(See Independent Auditors' Report)

a)	b) Identity of issue, borrower, lessor, or similar party	c) Description of investment	d) Cost	e) Current Value
*	Fidelity Contrafund K	Mutual Fund	**	$ 29,253,585
*	Fidelity Diversified International	Mutual Fund	**	11,090,816
*	Fidelity Balanced Fund	Mutual Fund	**	9,288,719
*	Fidelity Freedom K 2030	Mutual Fund	**	5,526,790
*	Fidelity Freedom K 2020	Mutual Fund	**	3,643,523
*	Fidelity Freedom K 2025	Mutual Fund	**	4,119,911
*	Fidelity Freedom K 2035	Mutual Fund	**	4,202,112
*	Fidelity Freedom K 2040	Mutual Fund	**	3,930,578
*	Fidelity High Income	Mutual Fund	**	3,151,008
*	Fidelity Freedom K 2015	Mutual Fund	**	1,411,421
*	Fidelity Freedom K 2045	Mutual Fund	**	1,577,572
*	Fidelity Freedom K 2050	Mutual Fund	**	938,080
*	Fidelity Freedom K 2010	Mutual Fund	**	1,091,087
*	Fidelity Freedom K 2000	Mutual Fund	**	422,289
*	Fidelity Freedom K Income	Mutual Fund	**	429,439
*	Fidelity Freedom K 2005	Mutual Fund	**	196,475
*	Fidelity Managed Income Porfolio II	Collective Trust	**	21,369,243
	Spartan U.S. Equity Index Fund	Mutual Fund	**	9,285,344
	Spartan Extend Market Index	Mutual Fund	**	7,843,154
	PIMCO Total Return Institutional	Mutual Fund	**	7,022,640
	BlackRock Equity Dividend Instl CL	Mutual Fund	**	5,804,800
	Baron Asset Institutional Fund	Mutual Fund	**	2,549,867
	Spartan International Index	Mutual Fund	**	1,100,200
	Northern Small Cap Value	Mutual Fund	**	868,606
	Goldman Sachs Midcap Value Fund Institutio	Mutual Fund	**	2,984,188
	Vanguard Total Bond Fund	Mutual Fund	**	783,430
	Eagle Small Cap Growth I	Mutual Fund	**	5,563,641
*	Notes receivable from participants	Interest rates ranging from 3.25% - 9.0% with maturities through January 2022	-	2,760,375
				$ 148,208,893

* Represents a party-in-interest

** Represents participant-directed investment

SAVVIS, INC. 401(K) PLAN

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2011

TABLE OF CONTENTS

Page

Independent Auditors' Report 1

Financial Statements

Statements of Net Assets Available for Benefits 2

Statements of Changes in Net Assets Available for Benefits 3

Notes to Financial Statements 4

Supplemental Schedule

Schedule of Assets (Held at End of Year) 14

BROWN SMITH WALLACE LLC
1050 N. LINDBERGH BOULEVARD ST. LOUIS, MO 63132 PH 314.983.1200 FX 314.983.1300 WWW.BSWLLC.COM

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Independent Auditors' Report

To the Participants and Plan Administrator of the
Savvis, Inc. 401(k) Plan
St. Louis, Missouri

We were engaged to audit the financial statements of the Savvis, Inc. 401(k) Plan (the "Plan") as of December 31, 2011 and 2010, and for the years then ended and the supplemental schedule as of December 31, 2011, as listed in the accompanying table of contents. 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 information summarized in Note C, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the 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 executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2011 and 2010, and for the years then ended, 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 the supplemental schedule taken as a whole. The supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and the 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.

Brown Smith Wallace, LLC

St. Louis, Missouri
August 21, 2012

SAVVIS, INC. 401(k) PLAN

Statements of Net Assets Available for Benefits

December 31, 2011 and 2010
(See Independent Auditors' Report)

	2011	2010
ASSETS		
Investments, at fair value	**$ 145,448,518**	$ 139,302,728
Receivables:		
Notes receivable from participants	**2,760,375**	2,621,567
Participants' contributions receivable	**446,509**	428,397
Employer contributions receivable	**637,324**	182,184
Total receivables	**3,844,208**	3,232,148
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	**149,292,726**	142,534,876
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	**(519,201)**	(184,292)
NET ASSETS AVAILABLE FOR BENEFITS	**$ 148,773,525**	$ 142,350,584

The accompanying notes are an integral part of these financial statements.

SAVVIS, INC. 401(k) PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2011 and 2010
(See Independent Auditors' Report)

	2011	2010
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	**$ 3,582,382**	$ 2,581,266
Net appreciation (depreciation) in fair value of investments	**(6,201,994)**	13,657,444
Total investment income (loss)	**(2,619,612)**	16,238,710
Contributions:		
Employer	**6,138,472**	4,905,474
Participant	**14,515,962**	12,433,818
Rollover	**486,995**	1,783,500
Total contributions	**21,141,429**	19,122,792
Interest on notes receivable from participants	**125,306**	135,017
Total additions	**18,647,123**	35,496,519
Deductions from net assets attributed to:		
Benefits paid to participants	**12,154,432**	11,116,442
Administrative expenses	**69,750**	78,241
Total deductions	**12,224,182**	11,194,683
NET INCREASE	**6,422,941**	24,301,836
Net assets available for benefits at beginning of year	**142,350,584**	118,048,748
Net assets available for benefits at end of year	**$ 148,773,525**	$ 142,350,584

The accompanying notes are an integral part of these financial statements.

Note A - Plan Description

The following description of the Savvis, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a 401(k) defined contribution plan as defined by Section 401 of the Internal Revenue Code ("IRC"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility

Employees may enroll in the Plan on the first day of each month.

Contributions

Participants may contribute up to 60% of their compensation to the Plan, not to exceed certain dollar limits established by the IRC. Savvis, Inc. (the "Company" or "Employer") matches such contributions on a 50% basis up to a maximum of 8% of annual compensation. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

Eligible employees are enrolled in the Plan automatically. Unless an employee affirmatively elects otherwise, a 3% pre-tax contribution will be deducted from each payroll and the participant will receive the Company matching contribution.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's contribution and Plan earnings and charged with an allocation of certain administrative expenses. Allocations are based on a participant earnings or account balance, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Plan participants vest in the amount credited to the Company contribution account in accordance with the following schedule:

- after one year of service 25%
- after two years of service 50%
- after 3 years of service 100%

Note A - Plan Description (Continued)

Vesting (Continued)

The entire amount credited to a participant's account becomes fully vested and nonforfeitable, if any of the following occur:

- The participant reaches normal retirement age
- Termination of participant's employment because of total disability
- The participant's death while employed

Participants' voluntary contributions are fully vested and nonforfeitable at all times. Forfeitures of the non-vested account balances of terminated participants are used to reduce future Company contributions to the Plan. As of December 31, 2011 and 2010, forfeited non-vested accounts totaled $84,523 and $127,786, respectively.

Payment of Benefits

Upon attainment of normal retirement age or total disability, the amount credited to a participant's account shall be payable in a lump sum payment or as an annuity, based on each participant's election in accordance with the Plan agreement. The amount credited to the account of the participant at the date of death shall be distributed to the named beneficiary as a lump sum cash payment.

Upon termination of employment for reasons other than death, total disability or retirement, the participant may also elect to receive his or her vested balance in the form of a lump sum payment or annuity.

Investment Programs

Contributions are remitted to the Trustee and credited to a participant's account based upon the Plan's provisions and employee elections. Each participant elects the amount of the participant's account balance to be invested in each of the investment funds.

Notes Receivable from Participants

Participants may borrow from the Plan the lesser of $50,000 or 50% of their vested account balance with a minimum loan amount of $1,000. Loans are repayable in installments through payroll deductions over various repayment periods as defined by the Plan. Participant receivables bear interest at a fixed rate as determined by the Plan Administrator which is to be based on interest rates charged for similar types of loans by other lenders.

Note B - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment contracts or stable value investments, held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to a fully benefit-responsive investment because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the contracts, as well as an adjustment for the fully benefit-responsive investments from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of Estimates in Financial Statement Presentation

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may vary from reported amounts.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Note B - Summary of Significant Accounting Policies (Continued)

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated all subsequent events through August 21, 2012, the date the financial statements were available to be issued.

Note C - Investments

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 the ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained certifications from Fidelity Management Trust Company ("Fidelity") that all of the information provided by Fidelity included in the accompanying financial statements and Schedule of Assets (Held at End of Year) is complete and accurate. Information as to the investments in the accounts of Fidelity, investment income, and all information appearing in the accompanying statements and Schedule of Assets (Held at End of Year) are presented in reliance solely upon these certifications.

The following investments represent five percent or more of the Plan's net assets:

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- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- 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.

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Mutual funds – Valued at the quoted market price representing the net asset value ("NAV") of shares held by the Plan at year end.

Note D - Fair Value Measurements (Continued)

Collective Trusts – Valued at NAV as a practical expedient of fair value. The NAV is based on the underlying investments which are traded on an active market.

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		Investments at Fair Value as of December 31, 2011		
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Income	10,957,078	10,957,078	-	-
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Total	$145,448,518	$124,079,275	$ 21,369,243	$ -

Note D - Fair Value Measurements (Continued)

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Description	Total	Level 1	Level 2	Level 3
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Mid Cap	13,749,171	13,749,171	-	-
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International	13,744,225	13,744,225	-	-
Income	8,651,578	8,651,578	-	-
Collective Trusts – Fixed Income	22,143,018	-	22,143,018	-
Total	$139,302,728	$117,159,710	$ 22,143,018	$ -

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2011 and 2010:

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Blended Stable Value	$ 21,369,243	$ 22,143,018	$ -	Daily	Daily

(a) This category includes collective trust funds that have a goal to preserve capital as well as to provide a competitive level of income over time. The funds pursues this objective by investing in a diversified portfolio of high-quality short-term bonds consisting of several fixed-income asset classes, including U.S. Treasuries, government agency securities, corporate debt, asset-backed securities and mortgage-backed securities, as well as units of a money market portfolio. The Portfolio is wrapped by a syndicate of five banks and insurance companies, facilitating book value withdrawals. The investments in this category can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of the investments in this category has been estimated using the net asset value per share of the underlying investments.

Note E - Investment in Collective Trusts

The Fidelity Managed Income Portfolio and the Fidelity Managed Income Portfolio II (the "Funds"), collective trust funds, invest in a variety of investment contracts such as guaranteed investment contracts ("GICs") issued by insurance companies and other financial institutions and other investment products with similar characteristics. The Funds primarily hold investments in fully benefit-responsive investment contracts that provide that the Plan may make withdrawals at contract value for benefit-responsive requirements.

The Plan's interest in the Funds is calculated by applying the plan's ownership percentage in the Fund to the total fair value of the Fund. The underlying assets owned by the Funds consist primarily of the readily marketable fixed income securities with quoted market prices. The interest-crediting rate is determined quarterly and is calculated using the dollar weighted yield to maturity of the covered investments.

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment in the Funds at contract value. Certain events, such as termination of the Plan or a material adverse change in the provisions of the Plan, may limit the ability of the Plan to transact at contract value with the issuer. The Plan Administrator does not believe the occurrence of any such event is probable.

The average yield and crediting interest rate earned by the Managed Income Portfolio II for the year ended December 31, 2011 and 2010 was 1.60% and 1.82%, respectively. The average yield earned by the Plan's investment in the Managed Income Portfolio that also reflects the actual interest credited to the participants for the year ended December 31, 2010 was 1.44%.

Note F - Tax Status of Plan

The Company adopted a prototype plan provided by the Plan's trustee and recordkeeper. The prototype plan received a favorable opinion letter from the Internal Revenue Service on October 9, 2003, stating that the prototype plan is designed in accordance with the applicable sections of the IRC. The Plan has been amended since the date of the opinion letter. The Plan Administrator believes that the Plan, as amended, is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan Administrator believes that the Plan, as amended, and the related trust are tax-exempt as of the financial statement date.

Note F - Tax Status of Plan (Continued)

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 be sustained upon examination. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, 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 audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2008.

Note G - Party-in-Interest

At December 31, 2011 and 2010, the Plan's investments include shares of mutual funds and units of participation in collective trust investments managed by Fidelity Investments. Fidelity is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. During 2011 and 2010, the Company paid certain administrative expenses of the Plan.

Note H - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their account balances. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

Note I - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to risks such as interest rate, market, and credit 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 statement of net assets available for benefits.

Note J - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits and as of December 31, 2011 and 2010 per the financial statements to Form 5500:

	2011	2010
Net assets available for benefits per the financial statements	**$148,773,525**	$142,350,584
Employee and employer contribution receivable	(**1,083,833)**	(610,581)
Adjustment from contract value to fair value for fully benefit-responsive investments	**519,201**	184,292
Net assets available for benefits per Form 5500	**$148,208,893**	$141,924,295

The following is a reconciliation of the change in net assets available for benefits for the year ended December 31, 2011 per the financial statements to Form 5500:

Increase in net assets available for benefits per the financial statements	**$ 6,422,941**
Reversal of prior year contract to fair value adjustment	**(184,292)**
Current year contract to fair value adjustment	**519,201**
Add: Contributions receivable 2010	**610,581**
Less: Employee and employer contributions receivable 2011	**(1,083,833)**
Increase in net assets available for benefits per the Form 5500	**$ 6,284,598**

Supplemental Schedule

SAVVIS, INC. 401(k) PLAN
EIN#43-1727675 Plan 001

Schedule of Assets (Held at End of Year)
Form 5500 - Schedule H - Line 4i

December 31, 2011

(See Independent Auditors' Report)

a)	b) Identity of issue, borrower, lessor, or similar party	c) Description of investment	d) Cost	e) Current Value
*	Fidelity Contrafund K	Mutual Fund	**	$ 29,253,585
*	Fidelity Diversified International	Mutual Fund	**	11,090,816
*	Fidelity Balanced Fund	Mutual Fund	**	9,288,719
*	Fidelity Freedom K 2030	Mutual Fund	**	5,526,790
*	Fidelity Freedom K 2020	Mutual Fund	**	3,643,523
*	Fidelity Freedom K 2025	Mutual Fund	**	4,119,911
*	Fidelity Freedom K 2035	Mutual Fund	**	4,202,112
*	Fidelity Freedom K 2040	Mutual Fund	**	3,930,578
*	Fidelity High Income	Mutual Fund	**	3,151,008
*	Fidelity Freedom K 2015	Mutual Fund	**	1,411,421
*	Fidelity Freedom K 2045	Mutual Fund	**	1,577,572
*	Fidelity Freedom K 2050	Mutual Fund	**	938,080
*	Fidelity Freedom K 2010	Mutual Fund	**	1,091,087
*	Fidelity Freedom K 2000	Mutual Fund	**	422,289
*	Fidelity Freedom K Income	Mutual Fund	**	429,439
*	Fidelity Freedom K 2005	Mutual Fund	**	196,475
*	Fidelity Managed Income Porfolio II	Collective Trust	**	21,369,243
	Spartan U.S. Equity Index Fund	Mutual Fund	**	9,285,344
	Spartan Extend Market Index	Mutual Fund	**	7,843,154
	PIMCO Total Return Institutional	Mutual Fund	**	7,022,640
	BlackRock Equity Dividend Instl CL	Mutual Fund	**	5,804,800
	Baron Asset Institutional Fund	Mutual Fund	**	2,549,867
	Spartan International Index	Mutual Fund	**	1,100,200
	Northern Small Cap Value	Mutual Fund	**	868,606
	Goldman Sachs Midcap Value Fund Institutio	Mutual Fund	**	2,984,188
	Vanguard Total Bond Fund	Mutual Fund	**	783,430
	Eagle Small Cap Growth I	Mutual Fund	**	5,563,641
*	Notes receivable from participants	Interest rates ranging from 3.25% - 9.0% with maturities through January 2022	-	2,760,375
				$ 148,208,893

* Represents a party-in-interest

** Represents participant-directed investment