No. C 153715		Due no later than Mar 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. AUTOMATED LOGIC CONTRACTING SERVICES, INC. 5900 NORTHWOOD BUSINESS PKWY SUITE B					
NO FILING FEE IF		CHARLOTTE NC 28269					
RECEIVED BY DUE DATE							
4. Corporations: Enter	Names and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT	LESLIE PHILI	LIPS	5900 NORTHWOOD BUSINESS PKWY SUITE B	CHARLOTTE	NC	USA	28269
SECRETARY	WALTER JAY	HUNSTON III	5900 NORTHWOOD BUSINESS PKWY SUITE B	CHARLOTTE	NC	USA	28269
TREASURER	SANJEEV JO	SHI	5900 NORTHWOOD BUSINESS PKWY SUITE B	CHARLOTTE	NC	USA	28269
DIRECTOR	SARA JENSE	EN .	5900 NORTHWOOD BUSINESS PKWY SUITE B	CHARLOTTE	NC	USA	28269
DIRECTOR	LESLIE PHILI	LIPS	5900 NORTHWOOD BUSINESS PKWY SUITE B	CHARLOTTE	NC	USA	28269
DIRECTOR	SANJEEV JOSHI		5900 NORTHWOOD BUSINESS PKWY SUITE B	CHARLOTTE	NC	USA	28269
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE C 153715		Signature: Kelly Lettmann		Date: 02/15/2018			
		Name (type or print): Kelly Lettmann Title: POA					
Processed 02/15/2018		* Electronically provi	ded signatures are accepted as original sigr	natures.			