No. <b>C 201951</b>	Due no later than Apr 30, 2018	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	AARON L OATS			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	1594 N 775 E SHELLEY ID 83274			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ANDROMEDA SYSTEMS INCORPORATED JOHN KOBELSKI 615 LYNNHAVEN PKWY STE 104	3. New Registered Agent Signature:*			
	VIRGINIA BEACH VA 23452				
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).					
Office Held Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT JOHN KOBELSKI 615 LYNNHAVEN PKWY STE 104		VIRGINIA BEACH	VA		23452
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
VA	Signature: Laura Lawrence	Date: 04/26/2018			
C 201951	Name (type or print): Laura Lawrence	Title: Accounting Manager			
Processed 04/26/2018	* Electronically provided signatures are accepted as original signatures.				