| No. <b>C 183911</b>  |                                       | Due no later than Jul 31, 2018  | 2. Registered Agent and Address (NO PO BOX)                                 |                         |                   |                         |                          |
|--|---------------------------------------|---|---|-------------------------|-------------------|-------------------------|--------------------------|
| Return to:   |                                       | Annual Report Form  | INCORP SE   | INCORP SERVICES, INC.   |                   |                         |                          |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                                       | 1. Mailing Address: Correct in this box if needed.  CREXENDO BUSINESS SOLUTIONS INC SUSAN COCKERHAM 1725 WINDWARD CONCOURSE SUITE 150 ALPHARETTA GA 30005 | 1310 S VISTA AVE STE 27 BOISE ID 83705  3. New Registered Agent Signature:* |                         |                   |                         |                          |
|  |                                       |   |   |                         |                   |                         | 4. Corporations: Enter N |
| Office Held  | Name                                  | Street or PO Address  | City  | State                   | Country           | Postal Code             |                          |
| PRESIDENT<br>SECRETARY<br>TREASURER  | DOUG GAYLO<br>JEFF KORN<br>RON VINCEN | 1615 S 52ND STREET  | TEMPE<br>TEMPE<br>TEMPE   | AZ<br>AZ<br>AZ          | USA<br>USA<br>USA | 85281<br>85281<br>85281 |                          |
| 5. Organized Under the Laws of:  |                                       | 6. Annual Report must be signed.*   |   |                         |                   |                         |                          |
| AZ<br>C 183911   |                                       | Signature: SUSAN COCKERHAM  | Date: 07/12/2018  |                         |                   |                         |                          |
|  |                                       | Name (type or print): SUSAN COCKERHAM   | Title   | Title: REGULATORY AGENT |                   |                         |                          |
| Processed 07/12/2018   |                                       | * Electronically provided signatures are accepted as original signatures  | gnatures.   |                         |                   |                         |                          |