

1.) CORPORATION NAME: **NOLDUS INFORMATION TECHNOLOGY, INC.** DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **BART VAN ROEKEL**
1503 EDWARDS FERRY RD STE 201
LEESBURG, VA SCC ID NO: **04653978**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1503 EDWARDS FERRY ROAD
STE 201

CITY/ST/ZIP: LEESBURG, VA 20176

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LUCAS NOLDUS	
TITLE:	PRESIDENT	
ADDRESS:	DORPSSTRAAT 171	
	RENKUM	
CITY/ST/ZIP/CO:	, , FN	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LAMBERTUS WOUTER VAN ROEKEL	
TITLE:	VICE PRESIDENT	
ADDRESS:	304 MORVEN PK CT NW	
CITY/ST/ZIP/CO:	LEESBURG, VA 20176	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DONMANIKE NIEMER	
TITLE:	SECRETARY	
ADDRESS:	DORPSSTRAAT 71	
	RENKUM	
CITY/ST/ZIP/CO:	, , FN	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LUCAS NOLDUS	
TITLE:	TREASURER	
ADDRESS:	DORPSSTRAAT 171	
	RENKUM	
CITY/ST/ZIP/CO:	, , FN	

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LAMBERTUS WOUTER VAN ROEKEL	LAMBERTUS WOUTER VAN ROEKEL, VICE PRESIDENT	6/4/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.