

1.) CORPORATION NAME:

MEMEX INC.

DUE DATE: **12/31/2011**

SCC ID NO: **04770061**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
C T CORPORATION SYSTEM
4701 COX ROAD, SUITE 301
GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100
PREFER	20

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 22636 DAVIS DR #130

CITY/ST/ZIP: STERLING, VA 20164-

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.

NAME: DAVID CARRICK
TITLE: PRESIDENT
ADDRESS: 2 REDWOOD COURT, PEEL PARK
EAST KILBRIDE,,G74 5PF,SCOTLAND (GREAT BRITAI
CITY/ST/ZIP/CO: , -,

OFFICER

DIRECTOR

NAME: KAYE L. ORANDER
TITLE: ASST SECRETARY
ADDRESS: 100 SAS CAMPUS DRIVE
T2120
CITY/ST/ZIP/CO: CARY, NC 27513-

OFFICER

DIRECTOR

NAME: GRAHAM SCOTT
TITLE: TREASURER
ADDRESS: 2 REDWOOD CT, PEEL PARK
EAST KILBRIDE,,G74 5PF,SCOTLAND (GREAT BRITAI
CITY/ST/ZIP/CO: , -,

OFFICER

DIRECTOR

NAME: DAVID B. KEIM
TITLE: DIRECTOR
ADDRESS: SAS CAMPUS DRIVE
CITY/ST/ZIP/CO: CARY, NC 27513-

OFFICER

DIRECTOR

NAME: NEIL SCHLISSERMAN
TITLE: VICE PRESIDENT
ADDRESS: 14 CHIPLOU LANE
CITY/ST/ZIP/CO: SCOTCH PLAINS, NJ 07076-

OFFICER

DIRECTOR

NAME: DONALD R. PARKER TITLE: VICE PRESIDENT ADDRESS: 100 SAS CAMPUS DRIVE T5078 CITY/ST/ZIP/CO: CARY, NC 27513-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOHN G. BOSWELL TITLE: SECRETARY ADDRESS: 100 SAS CAMPUS DRIVE T2078 CITY/ST/ZIP/CO: CARY, NC 27513-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: CHRISTOPHER P. BYRON TITLE: VICE PRESIDENT ADDRESS: 100 SAS CAMPUS DRIVE T5112 CITY/ST/ZIP/CO: CARY, NC 27513-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: KAREN L. DAY TITLE: ASST SECRETARY ADDRESS: 100 SAS CAMPUS DRIVE T2104 CITY/ST/ZIP/CO: CARY, NC 27513-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
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/ KAYE L. ORANDER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KAYE L. ORANDER, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	10/21/2011 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.		