

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: CHRISTOPHER P. BYRON  
TITLE: VICE PRESIDENT  
ADDRESS: 100 SAS CAMPUS DRIVE  
T5112  
CITY/ST/ZIP/CO: CARY, NC 27513-

OFFICER

DIRECTOR

NAME: DONALD R. PARKER  
TITLE: VICE PRESIDENT  
ADDRESS: 100 SAS CAMPUS DRIVE  
T5078  
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: JOHN G. BOSWELL  
TITLE: SECRETARY  
ADDRESS: 100 SAS CAMPUS DRIVE  
T2078  
CITY/ST/ZIP/CO: CARY, NC 27513-

OFFICER

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	
NAME: KAYE L. ORANDER TITLE: ASST SECRETARY ADDRESS: 100 SAS CAMPUS DRIVE T2120 CITY/ST/ZIP/CO: CARY, NC 27513-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: GRAHAM SCOTT TITLE: TREASURER ADDRESS: 2 REDWOOD CT, PEEL PARK EAST KILBRIDE,,G74 5PF,SCOTLAND (GREAT BRITAI CITY/ST/ZIP/CO: , -,	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DAVID B. KEIM TITLE: DIRECTOR ADDRESS: SAS CAMPUS DRIVE CITY/ST/ZIP/CO: CARY, NC 27513-	<input type="checkbox"/> OFFICER <input checked="" 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.		
<u>/s/ KAYE L. ORANDER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>KAYE L. ORANDER, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>12/6/2011</u> 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.		