

1.) CORPORATION NAME: <b>INFINITE DIMENSIONS, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>FIAZ M JAVID</b> <b>1760 RESTON PARKWAY STE 500</b> <b>RESTON, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	DUE DATE: <b>9/30/2013</b> SCC ID NO: <b>04900775</b> 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1760 RESTON PARKWAY SUITE 500

CITY/ST/ZIP: RESTON, VA 20190

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: FIAZ JAVID TITLE: PRESIDENT ADDRESS: 12364 BROWNFOX WAY CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: IRSHAD JAVID TITLE: SECRETARY ADDRESS: 12364 BROWNFOX WAY CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: ALI JAVID TITLE: DIRECTOR ADDRESS: 12364 BROWNFOX WAY CITY/ST/ZIP/CO: RESTON, VA 20191	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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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/ FIAZ JAVID	FIAZ JAVID, PRESIDENT	1/31/2014
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.