

1.) CORPORATION NAME: BRAINWAVE INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: FLORA NICHOLAS 11654 PLAZA AMERICA DRIVE #870 RESTON, VA	DUE DATE: 9/30/2014 SCC ID NO: 05275649 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMAV</td> <td>4,000</td> </tr> <tr> <td>COMBNV</td> <td>1,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMAV	4,000	COMBNV	1,000
CLASS	AUTHORIZED						
COMAV	4,000						
COMBNV	1,000						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY							
4.) STATE OR COUNTRY OF INCORPORATION: VA							

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 11654 PLAZA AMERICA DR #870 CITY/ST/ZIP: RESTON, VA 20190
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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: PAUL GAYTER TITLE: PRESIDENT ADDRESS: 1263 CENTER HARBOR PL CITY/ST/ZIP/CO: RESTON, VA 20194	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: FLORA NICHOLAS TITLE: DIRECTOR ADDRESS: 1233 CENTER HARBOR PL CITY/ST/ZIP/CO: RESTON, VA 20194	<input checked="" 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/ PAUL GAYTER	PAUL GAYTER, PRESIDENT	9/10/2014
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.