

|  |  |       |            |        |     |
|--|--|-------|------------|--------|-----|
| 1.) CORPORATION NAME:<br><b>The 3rd Dimension, Inc.</b>  | DUE DATE: <b>2/28/2013</b>   |       |            |        |     |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>MARY JANE NOVAK<br/>942 MILLWOOD LN<br/>GREAT FALLS, VA 22066</b> | SCC ID NO: <b>05349568</b>   |       |            |        |     |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>FAIRFAX COUNTY</b>   | 5.) STOCK INFORMATION<br><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>100</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 100 |
| CLASS  | AUTHORIZED   |       |            |        |     |
| COMMON   | 100  |       |            |        |     |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>  |  |       |            |        |     |

|   |  |
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| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 942 MILLWOOD LANE<br><br>CITY/ST/ZIP: GREAT FALLS, VA 22066 |  |
|---|--|

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 checked="" type="checkbox"/> DIRECTOR |
| NAME: MICHAEL NOVAK                   |   |  |
| TITLE: PRESIDENT                      |   |  |
| ADDRESS: 942 MILLWOOD LANE            |   |  |
| CITY/ST/ZIP/CO: GREAT FALLS, VA 22066 |   |  |

|                                       |   |  |
|---------------------------------------|---|--|
|                                       | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MARY JANE NOVAK                 |   |  |
| TITLE: VICE PRESIDENT                 |   |  |
| ADDRESS: 942 MILLWOOD LANE            |   |  |
| CITY/ST/ZIP/CO: GREAT FALLS, VA 22066 |   |  |

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/ MICHAEL NOVAK                                   | MICHAEL NOVAK, PRESIDENT         | 2/28/2013 |
| 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.