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|--|---|---|-------|------------|--------|--------|
| <b>SCC eFile</b>   | <b>2012 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | 212544822   |       |            |        |        |
| 1.) CORPORATION NAME:<br><b>GivingWorks, Inc.</b>  |   | DUE DATE: <b>11/30/2012</b>   |       |            |        |        |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>NAZIR KAMAL AHMAD<br/>5884 SIXTH ST<br/>PO BOX 8904<br/><br/>FALLS CHURCH, VA 22041-8904</b>  |   | SCC ID NO: <b>05676416</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>10,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 10,000 |
| CLASS  | AUTHORIZED  |   |       |            |        |        |
| COMMON   | 10,000  |   |       |            |        |        |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>  |   |   |       |            |        |        |
| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: P O BOX 8904<br><br>CITY/ST/ZIP: FALLS CHURCH, VA 22041-8904   |   |   |       |            |        |        |
| 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: NAZIR KAMAL AHMAD  | <input checked="" type="checkbox"/> OFFICER   | <input checked="" type="checkbox"/> DIRECTOR  |       |            |        |        |
| TITLE: PRESIDENT   |   |   |       |            |        |        |
| ADDRESS: P O BOX 8904  |   |   |       |            |        |        |
| CITY/ST/ZIP/CO: FALLS CHURCH, VA 22041-8904  |   |   |       |            |        |        |
| NAME: NAZNEEN H AHMAD  | <input checked="" type="checkbox"/> OFFICER   | <input checked="" type="checkbox"/> DIRECTOR  |       |            |        |        |
| TITLE: DIRECTOR  |   |   |       |            |        |        |
| ADDRESS: PO BOX 8904   |   |   |       |            |        |        |
| CITY/ST/ZIP/CO: FALLS CHURCH, VA 22041   |   |   |       |            |        |        |
| 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/ NAZIR KAMAL AHMAD  | NAZIR KAMAL AHMAD,  | 11/21/2012  |       |            |        |        |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | PRESIDENT<br>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. |   |   |       |            |        |        |