

1.) CORPORATION NAME: VMD Systems Integrators, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JAMES V IRVING 2300 WILSON BLVD 7TH FL ARLINGTON, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ARLINGTON COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 5/31/2014 SCC ID NO: 05769534 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>25,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	25,000
CLASS	AUTHORIZED				
COMMON	25,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 11440 COMMERCE PARK DRIVE STE 400 CITY/ST/ZIP: RESTON, VA 20191

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: DEEPTI MALHOTRA TITLE: CEO ADDRESS: 11440 COMMERCE PARK DRIVE STE 400 CITY/ST/ZIP/CO: RESTON, VA 20191	<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/ DEEPTI MALHOTRA	DEEPTI MALHOTRA, CEO	4/25/2014
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.