

1.) CORPORATION NAME: <b>IONIX SYSTEMS INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>RAJESH GINNE          42020 VILLAGE CENTER PLAZA          SUITE 120-159          ALDIE, VA</b>	DUE DATE: <b>6/30/2015</b> SCC ID NO: <b>06788798</b> 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>2,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	2,000
CLASS	AUTHORIZED				
COMMON	2,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>LOUDOUN COUNTY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 25439 KYLEMORE DR CITY/ST/ZIP: ALDIE, VA 20105	
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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: RAJESH GINNE TITLE: PRESIDENT ADDRESS: 25439 KYLEMORE DR CITY/ST/ZIP/CO: ALDIE, VA 20105	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: YOGISVARY GINNE TITLE: VICE PRESIDENT ADDRESS: 25439 KYLEMORE DR CITY/ST/ZIP/CO: ALDIE, VA 20105	<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/ RAJESH GINNE	RAJESH GINNE, PRESIDENT	5/20/2015
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.