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|--|---|--|-------|------------|--------|-----|
| <b>SCC eFile</b>   | <b>2015 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | 215535029  |       |            |        |     |
| 1.) CORPORATION NAME:<br><b>Designated Software, Inc.</b>  |   | DUE DATE: <b>9/30/2015</b>   |       |            |        |     |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>VIRGINIA PROFESSIONAL SERVICES LLC<br/>3850 Gaskins Rd., Suite 120<br/>Richmond, VA</b>   |   | SCC ID NO: <b>06999171</b>   |       |            |        |     |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO 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>  |   |  |       |            |        |     |
| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 526 NORTH 200 WEST<br><br>CITY/ST/ZIP: HEBER CITY, UT 84032  |   |  |       |            |        |     |
| 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: KEVIN R BREWSTER   | <input checked="" type="checkbox"/> OFFICER   | <input checked="" type="checkbox"/> DIRECTOR   |       |            |        |     |
| TITLE: DIRECTOR  |   |  |       |            |        |     |
| ADDRESS: P O BOX 1923  |   |  |       |            |        |     |
| CITY/ST/ZIP/CO: PARK CITY, UT 84060  |   |  |       |            |        |     |
| NAME: KEVIN R BREWSTER   | <input checked="" type="checkbox"/> OFFICER   | <input checked="" type="checkbox"/> DIRECTOR   |       |            |        |     |
| TITLE: DIRECTOR  |   |  |       |            |        |     |
| ADDRESS: PO BOX 1923   |   |  |       |            |        |     |
| CITY/ST/ZIP/CO: PARK CITY, UT 84060  |   |  |       |            |        |     |
| 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/ KEVIN R BREWSTER   | KEVIN R BREWSTER, DIRECTOR  | 9/23/2015  |       |            |        |     |
| 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. |   |  |       |            |        |     |