

|  |   |       |            |        |       |
|--|---|-------|------------|--------|-------|
| 1.) CORPORATION NAME:<br><b>KEY INNOVATIONS GROUP, INC.</b><br>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>MICHAEL B HAMAR<br/>         520 W 21ST ST STE J<br/>         NORFOLK, VA 23517</b><br>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>NORFOLK CITY</b><br>4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b> | DUE DATE: <b>11/30/2012</b><br>SCC ID NO: <b>07023922</b><br>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>5,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 5,000 |
| CLASS  | AUTHORIZED  |       |            |        |       |
| COMMON   | 5,000   |       |            |        |       |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 520 WEST 21ST ST  
STE G2

CITY/ST/ZIP: NORFOLK, VA 23517

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: DOUGLAS A GETHERS<br>TITLE: PRES/CEO<br>ADDRESS: 520 W 21ST ST<br>STE G2<br>CITY/ST/ZIP/CO: NORFOLK, VA 23517 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
|---|-------------------------------------|---------|-------------------------------------|----------|

|  |                                     |         |                                     |          |
|--|-------------------------------------|---------|-------------------------------------|----------|
| NAME: RUBY T GETHERS<br>TITLE: VP/S<br>ADDRESS: 520 WEST 21ST ST STE G2<br>CITY/ST/ZIP/CO: NORFOLK, VA 23517 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
|--|-------------------------------------|---------|-------------------------------------|----------|

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/ DOUGLAS A GETHERS                               | DOUGLAS A GETHERS,                           | 11/29/2012 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRES/CEO<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.