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|--|--|-------|------------|--------|--------|
| 1.) CORPORATION NAME: eGovernment Solutions Inc. | DUE DATE: 1/31/2015 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOHN MARK SUHY 4202 ADRIENNE DRIVE ALEXANDRIA, VA | SCC ID NO: 07048424 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALEXANDRIA CITY | 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 | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: VA | | | | | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1902 CAMPUS COMMONS DRIVE
SUITE 101

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.

| | | | |
|------------------------------------|---|--|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: JOHN MARK SUHY | | | |
| TITLE: PRESIDENT | | | |
| ADDRESS: 1902 CAMPUS COMMONS DRIVE | | | |
| | | | |
| CITY/ST/ZIP/CO: RESTON, VA 20191 | | | |

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|------------------------------------|---|--|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: ASHWANI MAYUR | | | |
| TITLE: TREASURER | | | |
| ADDRESS: 1902 CAMPUS COMMONS DRIVE | | | |
| | | | |
| CITY/ST/ZIP/CO: RESTON, VA 20191 | | | |

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|------------------------------------|---|--|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: NIKHIL BUDHIRAJA | | | |
| TITLE: SECRETARY | | | |
| ADDRESS: 1902 CAMPUS COMMONS DRIVE | | | |
| | | | |
| CITY/ST/ZIP/CO: RESTON, VA 20191 | | | |

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|--------------------------------------|----------------------------------|--|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: BENJAMIN SIEGLER | | | |
| TITLE: DIRECTOR | | | |
| ADDRESS: 1811 NEWTON ST NW | | | |
| | | | |
| CITY/ST/ZIP/CO: WASHINGTON, DC 20010 | | | |

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/ JOHN MARK SUHY | JOHN MARK SUHY, PRESIDENT | 1/30/2015 |
| 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.