

1.) CORPORATION NAME: <b>Evince Analytics, Incorporated</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>THOMAS M CODELLA          397 HERNDON PKWY, #120          HERNDON, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	DUE DATE: <b>6/30/2014</b> SCC ID NO: <b>07100878</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>25,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	25,000
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COMMON	25,000				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 397 HERNDON PKWY, #120 CITY/ST/ZIP: HERNDON, VA 20170
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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: THOMAS M CODELLA TITLE: PRES/CEO ADDRESS: 43751 CARSON CT CITY/ST/ZIP/CO: ASHBURN, VA 20147	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MICHAEL W BRINN TITLE: DIRECTOR ADDRESS: 3238 HISTORY DR CITY/ST/ZIP/CO: OAKTON, VA 22124	<input 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/ THOMAS M CODELLA	THOMAS M CODELLA, PRES/CEO	7/21/2014
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.