

1.) CORPORATION NAME: <b>BITZ TECHNOLOGIES, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>ANGELA RITA FERNANDES          43864 ARBORVITAE DRIVE          ASHBURN, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>LOUDOUN COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	DUE DATE: <b>2/28/2015</b> SCC ID NO: <b>07194228</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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 43864 ARBORVITAE DRIVE  CITY/ST/ZIP: ASHBURN, VA 20147
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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: ANGELA RITA FERNANDES TITLE: PRESIDENT ADDRESS: 43864 ARBORVITAE DR CITY/ST/ZIP/CO: ASHBURN, VA 20147	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: ALLWYN BRIAN COSTA TITLE: DIRECTOR ADDRESS: 43864 ARBORVITAE DRIVE CITY/ST/ZIP/CO: ASHBURN, VA 20147	<input 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/ ANGELA RITA FERNANDES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANGELA RITA FERNANDES, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/8/2015 DATE
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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.