

|   |  |       |            |        |       |
|---|--|-------|------------|--------|-------|
| 1.) CORPORATION NAME:<br><b>WARAN INC.</b>  | DUE DATE: <b>11/30/2012</b>  |       |            |        |       |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>VENKATESWARAN MUTHUSWAMY<br/>328 EBAUGH DRIVE SOUTHEAST<br/>LEESBURG, VA 20175</b> | SCC ID NO: <b>07302870</b>   |       |            |        |       |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>LOUDOUN 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>5,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 5,000 |
| CLASS   | AUTHORIZED   |       |            |        |       |
| COMMON  | 5,000  |       |            |        |       |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>   |  |       |            |        |       |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 22475 ORCHARD GRASS TERRACE  
APT 118

CITY/ST/ZIP: ASHBURN, VA 20148

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: VENKATESWARAN MUTHUSWAMY       |   |  |
| TITLE: PRESIDENT                     |   |  |
| ADDRESS: 22475 ORCHARD GRASS TERRACE |   |  |
| APT 118                              |   |  |
| CITY/ST/ZIP/CO: ASHBURN, VA 20148    |   |  |

|  |                                  |  |
|--|----------------------------------|--|
|  | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: SEETHALAKSHMI SEETHARAMAN              |                                  |  |
| TITLE: DIRECTOR                              |                                  |  |
| ADDRESS: 22475 ORCHARD GRASS TERRACE APT 118 |                                  |  |
| CITY/ST/ZIP/CO: ASHBURN, VA 20148            |                                  |  |

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/ VENKATESWARAN MUTHUSWAMY                        | VENKATESWARAN MUTHUSWAMY, PRESIDENT | 12/13/2012 |
| 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.