

1.) CORPORATION NAME:

I/P Engine, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**VCORP AGENT SERVICES INC
250 BROWNS HILL CT
PO BOX 353**

MIDLOTHIAN, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **6/30/2014**

SCC ID NO: **07384274**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O VRINGO, INC.
780 THIRD AVENUE, 15TH FLOOR

CITY/ST/ZIP: NEW YORK, NY 10017

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:	ANDREW LANG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	C.T.O.		
ADDRESS:	C/O VRINGO, INC.		
CITY/ST/ZIP/CO:	780 THIRD AVE, 15TH FL NEW YORK, NY 10017		

NAME:	ALEXANDER R BERGER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	C.O.O.		
ADDRESS:	C/O VRINGO, INC.		
CITY/ST/ZIP/CO:	780 THIRD AVE, 15TH FL NEW YORK, NY 10017		

NAME:	ANDREW PERLMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	C.E.O.		
ADDRESS:	C/O VRINGO, INC.		
CITY/ST/ZIP/CO:	780 THIRD AVE, 15TH FL NEW YORK, NY 10017		

NAME:	ANASTASIA NYRKOVSKAYA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	C.F.O.		
ADDRESS:	C/O VRINGO, INC.		
CITY/ST/ZIP/CO:	780 THIRD AVE, 15TH FL NEW YORK, NY 10017		

NAME:	JOHN ENGELMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O VRINGO, INC.		
CITY/ST/ZIP/CO:	780 THIRD AVE, 15TH FL NEW YORK, NY 10017		

NAME: ASHLEY KELLER TITLE: DIRECTOR ADDRESS: C/O VRINGO, INC. 780 THIRD AVE, 15TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10017	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: H. VAN SINCLAIR TITLE: DIRECTOR ADDRESS: C/O VRINGO, INC. 780 THIRD AVE, 15TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10017	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: NOEL SPIEGEL TITLE: DIRECTOR ADDRESS: C/O VRINGO, INC. 780 THIRD AVE, 15TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10017	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DONALD STOUT TITLE: DIRECTOR ADDRESS: C/O VRINGO, INC. 780 THIRD AVE, 15TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10017	<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/ ALEXANDER R BERGER	ALEXANDER R BERGER, C.O.O.	6/30/2014
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.		