

1.) CORPORATION NAME: International Insurance Exchange Inc. IIE	DUE DATE: 1/31/2013				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SAM S GHANEM 519 SENECA RD GREAT FALLS, VA 22066	SCC ID NO: 07458300				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	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>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED				
COMMON	100				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 519 Seneca Rd CITY/ST/ZIP: Great Falls , VA 22066	
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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: SAM S. GHANEM TITLE: PRESIDENT ADDRESS: 519 SENECA RD. CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Margo Massarweh Ghanem TITLE: TREASURER ADDRESS: 519 Seneca Rd CITY/ST/ZIP/CO: Great Falls , VA 22066	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Osama M Ghanem TITLE: DIRECTOR ADDRESS: 519 Seneca Rd CITY/ST/ZIP/CO: Great Falls, VA 22066	<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/ SAM S. GHANEM	SAM S. GHANEM, PRESIDENT	12/10/2012
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.