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|--|--|-------|------------|
| 1.) CORPORATION NAME:<br><b>GLOBAL EDUCATIONAL SYSTEM (ARISTOTLE), INC.</b><br>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>PAVLOS MICHAELS<br/>         334 APPOMATTOX ST STE A<br/>         HOPEWELL, VA</b> | DUE DATE: <b>8/31/2013</b><br><br>SCC ID NO: <b>07551807</b><br><br>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> </table> | CLASS | AUTHORIZED |
| CLASS  | AUTHORIZED   |       |            |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HOPEWELL CITY</b>  |  |       |            |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>  |  |       |            |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 334 Appomattox St.

CITY/ST/ZIP: Hopewell, VA 23860

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.

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|---|---|--|
| NAME: PAVLOS MICHAELS<br>TITLE: PRESIDENT<br>ADDRESS: 334 APPOMATTOX ST<br>CITY/ST/ZIP/CO: HOPEWELL, VA 23860                         | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: IOANNA A MALAMOU<br>TITLE: SECRE<br>ADDRESS: 28 MBOLOVINENAS ST<br>CITY/ST/ZIP/CO: Chalkida, Evoia 34100, GR                    | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME: MICHELLE-CONSTANTINA P MICHAELS<br>TITLE: MARKETING<br>ADDRESS: 1373 CHATLEY WAY<br>CITY/ST/ZIP/CO: WOODSTOCK, GA 30188         | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME: DESPINA-MARIA P MICHAELS<br>TITLE: TREA<br>ADDRESS: 1027 BOOULding ST<br>CITY/ST/ZIP/CO: BALTIMORE, MD 21224                    | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME: MICHAEL-CONSTANTINE P MICHAELS<br>TITLE: SECRE<br>ADDRESS: 1210 ASTORIA PARK S.<br>CITY/ST/ZIP/CO: APT. 2J<br>ASTORIA, NY 11102 | <input checked="" type="checkbox"/> OFFICER | <input 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/ PAVLOS MICHAELS                                 | PAVLOS MICHAELS, PRESIDENT       | 10/19/2013 |
| 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.