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|--|---|--|-------|------------|--------|-------|
| <b>SCC eFile</b>   | <b>2014 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | 214535678  |       |            |        |       |
| 1.) CORPORATION NAME:<br><b>MPS Technology Services Inc.</b>   |   | DUE DATE: <b>8/31/2014</b>   |       |            |        |       |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>BUSINESS FILINGS INCORPORATED<br/>         4701 COX ROAD, SUITE 285<br/>         GLEN ALLEN, VA</b>   |   | SCC ID NO: <b>07685415</b>   |       |            |        |       |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO 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>3,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 3,000 |
| CLASS  | AUTHORIZED  |  |       |            |        |       |
| COMMON   | 3,000   |  |       |            |        |       |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>  |   |  |       |            |        |       |
| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 4701 Cox Road<br>Suite 285<br><br>CITY/ST/ZIP: Glen Allen, VA 23060  |   |  |       |            |        |       |
| 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:                   MADHAVA GULLAPALLI<br>TITLE:                   DIRECTOR<br>ADDRESS:               #104,303 W LANCASTER AVE<br>CITY/ST/ZIP/CO:       WAYNE, PA 19087  | <input type="checkbox"/> OFFICER  | <input checked="" type="checkbox"/> DIRECTOR   |       |            |        |       |
| NAME:                   PRASHANTHI NUTALAPATI<br>TITLE:                   DIRECTOR<br>ADDRESS:               2529 JAMES MONROE CIR<br>CITY/ST/ZIP/CO:       HERNDON, VA 20171  | <input type="checkbox"/> OFFICER  | <input checked="" type="checkbox"/> DIRECTOR   |       |            |        |       |
| NAME:                   PRASAD TIRUMALA<br>TITLE:                   DIRECTOR<br>ADDRESS:               41947 CINNABAR SQUARE<br>CITY/ST/ZIP/CO:       ALDIE, VA 20105  | <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/ MADHAVA GULLAPALLI<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | MADHAVA GULLAPALLI,<br>DIRECTOR<br>PRINTED NAME AND CORPORATE TITLE                     | 7/16/2014<br>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. |   |  |       |            |        |       |