

1.) CORPORATION NAME:

**INNOVATIVE WORKFLOW ENGINEERING, INC.**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MICHAEL J COAR JR  
8300 GREENSBORO DR  
SUITE 975**

SCC ID NO: **F1406612**

**MCLEAN, VA**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 700,000    |
| PREFER | 300,000    |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8300 Greensboro Dr  
Suite 975

CITY/ST/ZIP: McLean, VA 22102

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:           | MICHAEL J COAR JR             | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT                     |   |  |
| ADDRESS:        | 8300 Greensboro Dr, Suite 975 |   |  |
| CITY/ST/ZIP/CO: | McLean, VA 22102              |   |  |

|                 |                           |   |                                   |
|-----------------|---------------------------|---|-----------------------------------|
| NAME:           | ANDY SHOEMAKER            | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT            |   |                                   |
| ADDRESS:        | 1715 PRATT DR #3600       |   |                                   |
| CITY/ST/ZIP/CO: | BLACKSBURG, VA 24068-6531 |   |                                   |

|                 |                    |                                  |  |
|-----------------|--------------------|----------------------------------|--|
| NAME:           | JON CLEMENS        | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR           |                                  |  |
| ADDRESS:        | 2437 NW LARAMAS DR |                                  |  |
| CITY/ST/ZIP/CO: | LAMAS, VA 98607    |                                  |  |

|                 |                  |   |                                   |
|-----------------|------------------|---|-----------------------------------|
| NAME:           | CYRUS BRINN      | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | COO              |   |                                   |
| ADDRESS:        | 5 Naudain Circle |   |                                   |
| CITY/ST/ZIP/CO: | Newark, DE 19711 |   |                                   |

|                 |                     |   |                                   |
|-----------------|---------------------|---|-----------------------------------|
| NAME:           | WAYLAND T POND IV   | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT      |   |                                   |
| ADDRESS:        | 1805 N. Quebec St.  |   |                                   |
| CITY/ST/ZIP/CO: | Arlington, VA 22207 |   |                                   |

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.

|   |                                     |                   |
|---|-------------------------------------|-------------------|
| <u>/s/ MICHAEL J COAR JR</u>                        | <u>MICHAEL J COAR JR, PRESIDENT</u> | <u>12/26/2013</u> |
| 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.