

1.) CORPORATION NAME:

**Site Safe, Inc.**

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER, 16TH FLOOR  
1111 EAST MAIN STREET**

SCC ID NO: **F1503590**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000
PREFER	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2415 CAMPUS DRIVE SUITE 200

CITY/ST/ZIP: IRVINE, CA 92612

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.

<p>NAME: John Thompson TITLE: PRESIDENT ADDRESS: 2415 CAMPUS DR SUITE 200 CITY/ST/ZIP/CO: IRVINE, CA 92612</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: Todd Coke TITLE: TREASURER ADDRESS: 2415 CAMPUS DR SUITE 200 CITY/ST/ZIP/CO: IRVINE, CA 92612</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: RONALD BLAKE TITLE: DIRECTOR ADDRESS: REWARDS NETWORKS, INC. 2 NORTH RIVERSIDE PLAZA, STE. 950 CITY/ST/ZIP/CO: CHICAGO, IL 60606</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CHRISTOPHER G BOEHM TITLE: DIRECTOR ADDRESS: WILLIS STIEN &amp; PARTNERS III LP ONE WACKER DR. STE. 4800 CITY/ST/ZIP/CO: CHICAGO, IL 60606</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JAMES R ESTES TITLE: DIRECTOR ADDRESS: 18071 FITCH AVE STE 200 CITY/ST/ZIP/CO: IRVINE, CA 92614</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DECLAN FLANAGAN TITLE: DIRECTOR ADDRESS: WILLIS STEIN &amp; PARTNERS III_LP ONE WACKER DR STE 4800 CITY/ST/ZIP/CO: CHICAGO, IL 60606</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT C FROETSCHER DIRECTOR WILLIS STEIN & PARTNERS III ONE WACKER DR STE 4800 CHICAGO, IL 60606	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AVY H STEIN DIRECTOR WILLIS STEIN & PARTNERS,III LP ONE WACKER DRIVE STE 4800 CHICAGO, IL 60606	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN WILLIS DIRECTOR WILLIS STIEN & PARTNERS III LP ONE WACKER DR. STE. 4800 CHICAGO, IL 60606	<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/ Todd Coke	Todd Coke, TREASURER	3/17/2014	
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.			