

1.) CORPORATION NAME: <b>IntePros Incorporated</b>	DUE DATE: <b>7/31/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</b>	SCC ID NO: <b>F1634064</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: <b>PA</b>	<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>10,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000,000
CLASS	AUTHORIZED				
COMMON	10,000,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 750 MARRETT ROAD  
STE 301

CITY/ST/ZIP: LEXINGTON, MA 02421

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: JOHN R KOVALCIK JR TITLE: S/T ADDRESS: 750 MARRETT ROAD STE 301 CITY/ST/ZIP/CO: LEXINGTON, MA 02421	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: LOREN B KOVALCIK TITLE: CEO ADDRESS: 750 MARRETT ROAD STE 301 CITY/ST/ZIP/CO: LEXINGTON, MA 02421	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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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/ JOHN R KOVALCIK JR	JOHN R KOVALCIK JR, S/T	2/12/2016
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.