

1.) CORPORATION NAME:

SPHE Scan Based Trading Corporation

DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1637737**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10202 W WASHINGTON BLVD., SPP 1132

CITY/ST/ZIP: CULVER CITY, CA 90232

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: DAVID BISHOP TITLE: PRESIDENT ADDRESS: 10202 W WASHINGTON BLVD CITY/ST/ZIP/CO: CULVER CITY, CA 90232</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHN O FUKUNAGA TITLE: EVP-LGL AFF/AS ADDRESS: 10202 W WASHINGTON BLVD CITY/ST/ZIP/CO: CULVER CITY, CA 90232</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARY JO GREEN TITLE: TREASURER ADDRESS: 10202 W. WASHINGTON BLVD. CITY/ST/ZIP/CO: CULVER CITY, CA 90232</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: STEVE GOFMAN TITLE: ASST SECRETARY ADDRESS: 10202 W. WASHINGTON BLVD. CITY/ST/ZIP/CO: CULVER CITY, CA 90232</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DAVID C HENDLER TITLE: EVP/CFO ADDRESS: 10202 W WASHINGTON BLVD CITY/ST/ZIP/CO: CULVER CITY, CA 90232</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: LEAH WEIL TITLE: SECRETARY ADDRESS: 10202 W. WASHINGTON BLVD. CITY/ST/ZIP/CO: CULVER CITY, CA 90232</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN FUKUNAGA DIRECTOR 10202 W. WASHINGTON BLVD. CULVER CITY, CA 90232	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID HENDLER DIRECTOR 10202 W. WASHINGTON BLVD. CULVER CITY, CA 90232	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEAH WEIL DIRECTOR 10202 W. WASHINGTON BLVD. CULVER CITY, CA 90232	<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/ STEVE GOFMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVE GOFMAN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	8/26/2014 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.			