

1.) CORPORATION NAME: ISGN FULFILLMENT SERVICES, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS, INC. 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: PA	DUE DATE: 8/31/2015 SCC ID NO: F1640004 5.) STOCK INFORMATION <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>1,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000,000
CLASS	AUTHORIZED				
COMMON	1,000,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2330 COMMERCE PARK DRIVE, NE
SUITE 2

CITY/ST/ZIP: PALM BAY, FL 32905

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL IMURA		
TITLE: PRESIDENT		
ADDRESS: 2330 COMMERCE PARK DRIVE, NE		
	SUITE 2	
CITY/ST/ZIP/CO: PALM BAY, FL 32905		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ERIK ANDERSON		
TITLE: SECRETARY		
ADDRESS: 2330 COMMERCE PARK DRIVE, NE		
	SUITE 2	
CITY/ST/ZIP/CO: PALM BAY, FL 32905		

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/ ERIK ANDERSON	ERIK ANDERSON, SECRETARY	7/20/2015
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.