

1.) CORPORATION NAME: <b>nexVortex Inc.</b>	DUE DATE: <b>5/31/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>WESLEY ROGERS 510 SPRING STREET STE 250 HERNDON, VA</b>	SCC ID NO: <b>F1669821</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b>	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>20,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	20,000
CLASS	AUTHORIZED				
COMMON	20,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 510 SPRING ST STE 120  
CITY/ST/ZIP: HERNDON, VA 20170

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: FREDERICK FROMM TITLE: CEO/P ADDRESS: 510 SPRING ST STE 120 CITY/ST/ZIP/CO: HERNDON, VA 20170	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
--	-------------------------------------	---------	-------------------------------------	----------

NAME: WESLEY ROGERS TITLE: COO ADDRESS: 510 SPRING ST STE 120 CITY/ST/ZIP/CO: HERNDON, VA 20170	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
--	-------------------------------------	---------	-------------------------------------	----------

NAME: TERENCE PRIME TITLE: DIRECTOR ADDRESS: 2565 YONDER HILLS RD CITY/ST/ZIP/CO: OAKTON, VA 22124	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
---	--------------------------	---------	-------------------------------------	----------

NAME: GEORGE ROBERTS TITLE: DIRECTOR ADDRESS: 2260 NORTH MESCAL RD CITY/ST/ZIP/CO: BENSON, AZ 85602	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
--	--------------------------	---------	-------------------------------------	----------

NAME: VIRGIL ROGERS TITLE: DIRECTOR ADDRESS: 309 SANTA CLARA CITY/ST/ZIP/CO: IRVING, TX 75062	<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/ FREDERICK FROMM	FREDERICK FROMM, CEO/P	3/20/2015
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.