

1.) CORPORATION NAME:

Advanceme, Inc.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1673955**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 414 West 14th Street
Suite 302

CITY/ST/ZIP: New York, NY 10014

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:	DANIEL DEMEO	
TITLE:	CEO	
ADDRESS:	414 WEST 14TH STREET SUITE 302	
CITY/ST/ZIP/CO:	NEW YORK, NY 10014	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	THOMAS BURNSIDE	
TITLE:	PRESIDENT	
ADDRESS:	414 WEST 14TH STREET SUITE 302	
CITY/ST/ZIP/CO:	NEW YORK, NY 10014	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PARRIS SANZ ESQ	
TITLE:	SECRETARY	
ADDRESS:	414 WEST 14TH STREET SUITE 302	
CITY/ST/ZIP/CO:	NEW YORK, NY 10014	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEVE CLEARMAN	
TITLE:	DIRECTOR	
ADDRESS:	414 WEST 14TH STREET SUITE 302	
CITY/ST/ZIP/CO:	NEW YORK, NY 10014	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GARY A JOHNSON	
TITLE:	DIRECTOR	
ADDRESS:	414 WEST 14TH STREET SUITE 302	
CITY/ST/ZIP/CO:	NEW YORK, NY 10014	

NAME: MARC TESLER TITLE: DIRECTOR ADDRESS: 414 WEST 14TH STREET SUITE 302 CITY/ST/ZIP/CO: NEW YORK, NY 10014	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: J. WILLIAM DRAKE TITLE: DIRECTOR ADDRESS: 414 WEST 14TH STREET SUITE 302 CITY/ST/ZIP/CO: NEW YORK, NY 10014	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ALAN SILBERSTEIN TITLE: DIRECTOR ADDRESS: 414 WEST 14TH STREET SUITE 302 CITY/ST/ZIP/CO: NEW YORK, NY 10014	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ED STERN TITLE: DIRECTOR ADDRESS: 414 WEST 14TH STREET SUITE 302 CITY/ST/ZIP/CO: NEW YORK, NY 10014	<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/ PARRIS SANZ ESQ	PARRIS SANZ ESQ, SECRETARY	9/20/2013
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.		