

1.) CORPORATION NAME:

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

Appriss Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1681529**

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

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 100 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10401 Linn Station Road
Suite #200

CITY/ST/ZIP: Louisville, KY 40223

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: Michael Davis TITLE: PRESIDENT ADDRESS: 10401 Linn Station Road Suite #200 CITY/ST/ZIP/CO: Louisville, KY 40223</p> | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: Ted I Williams TITLE: VICE PRESIDENT ADDRESS: 10401 Linn Station Road Suite #200 CITY/ST/ZIP/CO: Louisville, KY 40223</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| <p>NAME: Rick Simpson TITLE: SECRETARY/CFO ADDRESS: 10401 Linn Station Road Suite #200 CITY/ST/ZIP/CO: Louisville, KY 40223</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| <p>NAME: Douglas Cobb TITLE: DIRECTOR ADDRESS: 10401 Linn Station Road Suite #200 CITY/ST/ZIP/CO: Louisville, KY 40223</p> | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: Ron Geary TITLE: DIRECTOR ADDRESS: 10401 Linn Station Road Suite #200 CITY/ST/ZIP/CO: Louisville, KY 40223</p> | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

| | | | |
|-----------------|------------------------------------|----------------------------------|--|
| NAME: | Mark Miller | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 10401 Linn Station Road | | |
| CITY/ST/ZIP/CO: | Suite #200 Louisville, KY 40223 | | |

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/ Ted I Williams | Ted I Williams, VICE PRESIDENT | 7/31/2013 |
| 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.