

| 1.) CORPORATION NAME: Rapiscan Systems, Inc. | DUE DATE: 9/30/2013 | | | | | | |
|--|---|-------|------------|------|-----------|------|-----------|
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA | SCC ID NO: F1682295 | | | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY | 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMA</td> <td style="text-align: center;">3,000,000</td> </tr> <tr> <td>COMB</td> <td style="text-align: center;">3,000,000</td> </tr> </tbody> </table> | CLASS | AUTHORIZED | COMA | 3,000,000 | COMB | 3,000,000 |
| CLASS | AUTHORIZED | | | | | | |
| COMA | 3,000,000 | | | | | | |
| COMB | 3,000,000 | | | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: CA | | | | | | | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12525 CHADRON AVENUE

CITY/ST/ZIP: HAWTHORNE, CA 90250

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.

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|--|---|--|--|
| NAME: AJAY MEHA TITLE: PRESIDENT ADDRESS: 12525 CHADRON AVE CITY/ST/ZIP/CO: HAWTHORNE, CA 90250 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
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|--|---|--|--|
| NAME: DEEPAK CHOPRA TITLE: CEO ADDRESS: 12525 CHADRON AVE CITY/ST/ZIP/CO: HAWTHORNE, CA 90250 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
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| NAME: ERIC LUIZ TITLE: CFO ADDRESS: 12525 CHADRON AVENUE CITY/ST/ZIP/CO: HAWTHORNE, CA 90250 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | |
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| NAME: VICTOR SZE TITLE: SECRETARY ADDRESS: 12525 CHADRON AVE CITY/ST/ZIP/CO: HAWTHORNE, CA 90250 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | |
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|--|----------------------------------|--|--|
| NAME: ANDREAS KOTOWSKI TITLE: DIRECTOR ADDRESS: 12525 CHADRON AVE CITY/ST/ZIP/CO: HAWTHORNE, CA 90250 | <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/ VICTOR SZE | VICTOR SZE, SECRETARY | 3/27/2014 |
| 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.