

1.) CORPORATION NAME:

UC4 SOFTWARE, INC.

DUE DATE: **4/30/2011**

SCC ID NO: **F1704123**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

BLUMBERG EXCELSIOR CORPORATE SERVICES INC

7288 HANOVER GREEN DR

MECHANICSVILLE, VA 23111

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14775 NE 24TH STREET, SUITE 210

CITY/ST/ZIP: BELLEVUE, WA 98007-

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: GUNTHER FLAMM
TITLE: DIRECTOR
ADDRESS: HAUPSTR 3-C
WOLFSGRABEN
CITY/ST/ZIP/CO: , -,

OFFICER

DIRECTOR

NAME: ANDREAS SEIDL
TITLE: DIRECTOR
ADDRESS: HAMPSTRASSE 3-C
WOLFSGRABEN
CITY/ST/ZIP/CO: , -,

OFFICER

DIRECTOR

NAME: VINCENT STUGER
TITLE: DIRECTOR
ADDRESS: HAUPSTRASSE 3-C
WOLFSGRABEN
CITY/ST/ZIP/CO: , -,

OFFICER

DIRECTOR

NAME: JASON LIU
TITLE: PRESIDENT
ADDRESS: 14775 NE 24TH STREET
SUITE 210
CITY/ST/ZIP/CO: BELLEVUE, WA 98007-

OFFICER

DIRECTOR

NAME: JASON LIU
TITLE: CHAIRMAN
ADDRESS: HAUPSTRASSE 3-C
CITY/ST/ZIP/CO: WOLFSGRABEN, 3012-, AUSTRIA

OFFICER

DIRECTOR

NAME: SIDDHARTH MALLANNAGARI TITLE: VICE PRESIDENT ADDRESS: 14775 NE 24TH STREET, SUITE 210 CITY/ST/ZIP/CO: BELLEVUE, WA 98007-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: FRED KOHOUT TITLE: VICE PRESIDENT ADDRESS: 14775 NE 24TH STREET, SUITE 210 CITY/ST/ZIP/CO: BELLEVUE, WA 98007-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KENNETH JACKSON TITLE: VICE PRESIDENT ADDRESS: 14775 NE 24TH STREET, SUITE 210 CITY/ST/ZIP/CO: BELLEVUE, WA 98007-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ROBERT RON TITLE: VICE PRESIDENT ADDRESS: 14775 NE 24TH STREET, SUITE 210 CITY/ST/ZIP/CO: BELLEVUE, WA 98007-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: NATHALIE HUETTER TITLE: SECRETARY ADDRESS: 14775 NE 24TH STREET, SUITE 210 CITY/ST/ZIP/CO: BELLEVUE, WA 98007-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CHRISTINA TRETTER TITLE: TREASURER ADDRESS: 14775 NE 24TH STREET, SUITE 210 CITY/ST/ZIP/CO: BELLEVUE, WA 98007-	<input checked="" type="checkbox"/> OFFICER <input 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/ NATHALIE HUETTER _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NATHALIE HUETTER, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
3/18/2011 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.	