

1.) CORPORATION NAME:

**UC4 SOFTWARE, INC.**

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  
**BLUMBERG EXCELSIOR CORPORATE SERVICES INC  
7288 HANOVER GREEN DR  
MECHANICSVILLE, VA 23111**

SCC ID NO: **F1704123**

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: JASON LIU TITLE: 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: JULIA LOEPPERT 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
NAME: JASON LIU TITLE: CHAIRMAN ADDRESS: HAUPSTRASSE 3-C WOLFSGRABEN,,3012,AUSTRIA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GUNTHER FLAMM DIRECTOR HAUPSTR 3-C WOLFSGRABEN , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREAS SEIDL DIRECTOR HAMPSTRASSE 3-C WOLFSGRABEN , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VINCENT STUGER DIRECTOR HAUPSTRASSE 3-C WOLFSGRABEN , , FN	<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/ NATHALIE HUETTER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NATHALIE HUETTER, SECRETARY PRINTED NAME AND CORPORATE TITLE	5/14/2012 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.			