

1.) CORPORATION NAME:

AUTOMIC SOFTWARE, INC.

DUE DATE: **4/30/2014**

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

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: Richard Muirhead 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: 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: 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: 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: Andreas Seidl TITLE: CHAIRMAN ADDRESS: HAUPSTRASSE 3-C CITY/ST/ZIP/CO: Wolfsgraben, 3012, AT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GUNTHER FLAMM TITLE: DIRECTOR ADDRESS: HAUPSTR 3-C CITY/ST/ZIP/CO: Wolfsgraben, 3012, AT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Nathalie Huetter TITLE: DIRECTOR ADDRESS: HAUPSTRASSE 3-C CITY/ST/ZIP/CO: Wolfsgraben, 3012, AT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: VINCENT STUEGER TITLE: DIRECTOR ADDRESS: HAUPSTRASSE 3-C CITY/ST/ZIP/CO: Wolfsgraben, 3012, AT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Paul Forte TITLE: VICE PRESIDENT ADDRESS: 14775 NE 24TH STREET CITY/ST/ZIP/CO: SUITE 210 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	3/4/2014 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.		