

1.) CORPORATION NAME: <b>KOG International, Inc.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>VIRGINIA PROFESSIONAL SERVICES LLC</b> <b>3850 Gaskins Rd., Suite 120</b> <b>Richmond, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>NJ</b>	DUE DATE: <b>4/30/2016</b> SCC ID NO: <b>F1745118</b> 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 701 ROUTE 73 SOUTH STE C-2  CITY/ST/ZIP: WEST BERLIN, NJ 08091
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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: BRUCE M ALLEN TITLE: PRES/DIR ADDRESS: 701 ROUTE 73 SOUTH SUITE C-2 CITY/ST/ZIP/CO: WEST BERLIN, NJ 08091	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: KAREN L ALLEN TITLE: VP/DIR ADDRESS: 701 ROUTE 73 SOUTH SUITE C-2 CITY/ST/ZIP/CO: WEST BERLIN, NJ 08091	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ BRUCE M ALLEN	BRUCE M ALLEN, PRES/DIR	3/8/2016
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.