

1.) CORPORATION NAME:

DUE DATE: **7/31/2014**

**Astellia Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1797952**

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 2,000      |

**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O PRAMEX INTERNATIONAL CORP  
1251 AVENUE OF THE AMERICAS 34 FL

CITY/ST/ZIP: NEW YORK, NY 10020

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:           | PHILPE ABALAIN        | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | TREASURER             |   |                                   |
| ADDRESS:        | 35772 VERN SUR SEICHE |   |                                   |
| CITY/ST/ZIP/CO: | , , FN                |   |                                   |

|                 |                             |   |  |
|-----------------|-----------------------------|---|--|
| NAME:           | CHRISTIAN QUEFFFELEC        | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PREC/DIR                    |   |  |
| ADDRESS:        | 35772 VERN SUR SEICHE CEDEX |   |  |
| CITY/ST/ZIP/CO: | , , FN                      |   |  |

|                 |                                    |   |                                   |
|-----------------|------------------------------------|---|-----------------------------------|
| NAME:           | NICOLAS FERRY                      | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY                          |   |                                   |
| ADDRESS:        | 1251 AVE OF AMERICAS<br>34TH FLOOR |   |                                   |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10020                 |   |                                   |

|                 |                       |                                  |  |
|-----------------|-----------------------|----------------------------------|--|
| NAME:           | JULIEN LECOEVRE       | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR              |                                  |  |
| ADDRESS:        | 35772 VERN SUR SEICHE |                                  |  |
| CITY/ST/ZIP/CO: | , , FN                |                                  |  |

|                 |                       |                                  |  |
|-----------------|-----------------------|----------------------------------|--|
| NAME:           | FREDERIC VERGINE      | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR              |                                  |  |
| ADDRESS:        | 35772 VERN SUR SEICHE |                                  |  |
| CITY/ST/ZIP/CO: | , , FN                |                                  |  |

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/ CHRISTIAN QUEFFFELEC<br>SIGNATURE OF DIRECTOR/OFFICER<br>LISTED IN THIS REPORT | CHRISTIAN QUEFFFELEC,<br>PREC/DIR<br>PRINTED NAME AND CORPORATE<br>TITLE | 9/11/2014<br>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.