

|  |   |       |            |        |     |
|--|---|-------|------------|--------|-----|
| 1.) CORPORATION NAME:<br><b>AVEGO CORPORATION</b>  | DUE DATE: <b>10/31/2014</b>   |       |            |        |     |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>VIRGINIA PROFESSIONAL SERVICES LLC</b><br><b>3850 Gaskins Rd., Suite 120</b><br><b>Richmond, VA</b> | SCC ID NO: <b>F1840596</b>  |       |            |        |     |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>   | 5.) STOCK INFORMATION<br><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>100</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 100 |
| CLASS  | AUTHORIZED  |       |            |        |     |
| COMMON   | 100   |       |            |        |     |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>DE</b>  |   |       |            |        |     |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2ND FLOOR PENNOSE WHARF  
ALFRED ST, CORK IRELAND

CITY/ST/ZIP: FOREIGN, Ireland

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: ELAINE FULLER<br>TITLE: TREASURER<br>ADDRESS: 2ND FLOOR PENNOSE WHARF<br>ALFRED ST, CORK IRELAND<br>CITY/ST/ZIP/CO: , , FN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|--|---|-----------------------------------|

|   |                                  |  |
|---|----------------------------------|--|
| NAME: SEAN O SULLIVAN<br>TITLE: DIRECTOR<br>ADDRESS: 2ND FLOOR PENNOSE WHARF<br>ALFRED ST, CORK IRELAND<br>CITY/ST/ZIP/CO: , , 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/ ELAINE FULLER                                   | ELAINE FULLER, TREASURER         | 1/6/2015 |
| 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.