

1.) CORPORATION NAME:

**KLMK Group, Inc.**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1844960**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 S. Hope Street  
25th Floor

CITY/ST/ZIP: Los Angeles, CA 90071

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Laurence H. Midler	
TITLE:	EVP, SEC, GC	
ADDRESS:	400 S. Floor Street 25th Floor Los Angeles , CA 90071	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Gil Borok	
TITLE:	EVP, CFO	
ADDRESS:	400 S. Hope Street 25th Floor Los Angeles, CA 90071	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Robert E. Sulentic	
TITLE:	President, CEO	
ADDRESS:	400 S. Hope Street 25th Floor Los Angeles , CA 90071	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Arlin E. Gaffner	
TITLE:	SVP, CAO	
ADDRESS:	2100 McKinney Avenue Suite 900 Dallas , TX 75201	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Debera Fan	
TITLE:	SVP, Treasurer	
ADDRESS:	100 N. Sepulveda Boulevard Suite 1100 El Segundo, CA 90245	
CITY/ST/ZIP/CO:		

NAME: Becky H. Younger TITLE: SVP, Tax ADDRESS: 100 N. Sepulveda Boulevard Suite 1000 CITY/ST/ZIP/CO: El Segundo , CA 90245	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Stephen B. Ballas TITLE: SVP, Asst Sec ADDRESS: 400 S. Hope Street 25th Floor CITY/ST/ZIP/CO: Los Angeles, CA 90071	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Cindy Kee TITLE: ASST SECRETARY ADDRESS: 400 S. Hope Street 25th Floor CITY/ST/ZIP/CO: Los Angeles, CA 90071	<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/ Cindy Kee SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Cindy Kee, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/2/2014 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.		