

1.) CORPORATION NAME: <b>INFRAWISE, INC.</b>	DUE DATE: <b>8/31/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</b>	SCC ID NO: <b>F1870932</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>IL</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 561 west diversey parkway suite 217  CITY/ST/ZIP: CHICAGO, IL 60614	
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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: DAVID FISCHER TITLE: SECRETARY ADDRESS: 225 WACKER DRIVE SUITE 2800 CITY/ST/ZIP/CO: CHICAGO, IL 60606	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: DAVID COLLINS TITLE: CFO ADDRESS: 225 WEST WACKER DRIVE SUITE 2800 CITY/ST/ZIP/CO: CHICAGO, IL 60606	<input checked="" type="checkbox"/>	OFFICER	<input 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/ DAVID FISCHER	DAVID FISCHER, SECRETARY	7/28/2014
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.