

1.) CORPORATION NAME:

SEON SYSTEMS SALES INC.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1871815**

GLEN ALLEN, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: UNIT 111, 3B BURBIDGE STREET
COQUITLAM, BC V3K7B2 CANADA BC V3K 7B2

CITY/ST/ZIP: Coquitlam, Canada

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 TERENCE AKIYAMA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1313 E MAPLE STREET STE 231		
CITY/ST/ZIP/CO:	BELLINGHAM, WA 98225		

NAME:	Opinder (Tom) Gill	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	UNIT 111 - 3 B BURBIDGE ST		
CITY/ST/ZIP/CO:	Coquitlam, BC V3K 7B2, CA		

NAME:	JAMES EDWIN BAIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	UNIT 111 - 3 B BURBIDGE ST		
CITY/ST/ZIP/CO:	COQUITLAM BC V3K 7B2 CANADA , , FN		

NAME:	GEORGE DAVID GORDON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	UNIT 111 - 3 B BURBIDGE ST		
CITY/ST/ZIP/CO:	COQUITLAM BC V3K 7B2 CANADA , , FN		

NAME:	PEETER WESIK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	UNIT 111 - 3 B BURBIDGE ST		
CITY/ST/ZIP/CO:	COQUITLAM BC V3K 7B2 CANADA , , FN		

NAME: Opinder (Tom) Gill TITLE: TREASURER ADDRESS: Unit 111 – 3B Burbidge Street CITY/ST/ZIP/CO: Coquitlam, BC V3K 7B2, CA	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: David Wesik TITLE: DIRECTOR ADDRESS: Unit 111 – 3B Burbidge Street CITY/ST/ZIP/CO: Coquitlam, BC V3K 7B2, CA	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: IAN Radziejewski TITLE: DIRECTOR ADDRESS: Unit 111 – 3B Burbidge Street CITY/ST/ZIP/CO: Coquitlam, BC V3K 7B2, CA	<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/ Opinder (Tom) Gill SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Opinder (Tom) Gill, SECRETARY PRINTED NAME AND CORPORATE TITLE	8/29/2013 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.		