

<p>1.) CORPORATION NAME: CSCI CONSULTING, INC. (USED IN VA BY: CREATIVESOLUTIONS CONSULTING, INC.)</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD SUITE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: IN</p>	<p>DUE DATE: 10/31/2012</p> <p>SCC ID NO: F1876822</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>1,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="padding-left: 40px;">ADDRESS: 8225 E. 56th St. Suite B</p> <p style="padding-left: 40px;">CITY/ST/ZIP: Indianapolis, IN 46216</p>
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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.

<p>NAME: Michele Durante Meyer</p> <p>TITLE: PRESIDENT</p> <p>ADDRESS: 8225 E. 56th Street Suite B</p> <p>CITY/ST/ZIP/CO: Indianapolis, IN 46216</p>	<p><input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR</p>
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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/ Michele DuranteMeyer	Michele DuranteMeyer,	10/23/2012
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.