

1.) CORPORATION NAME:

**StoredIQ, Inc.**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1884677**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4401 WEST GATE BLVD  
SUITE 300

CITY/ST/ZIP: AUSTIN, TX 78745

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 type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARIAN J. DILLON	
TITLE:	DIRECTOR	
ADDRESS:	1 NEW ORCHARD RD	
CITY/ST/ZIP/CO:	ARMONK, NY 10504	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK GOLDSTEIN	
TITLE:	DIRECTOR	
ADDRESS:	1 NEW ORCHARD RD	
CITY/ST/ZIP/CO:	ARMONK, NY 10504	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KEVIN J. REARDON	
TITLE:	DIRECTOR	
ADDRESS:	1 NEW ORCHARD RD	
CITY/ST/ZIP/CO:	ARMONK, NY 10504	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DANIEL G. HERNANDEZ	
TITLE:	PRESIDENT	
ADDRESS:	11501 BURNET RD	
CITY/ST/ZIP/CO:	AUSTIN, TX 78758	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	YOLANDA RABUN	
TITLE:	SECRETARY	
ADDRESS:	3039 CORNWALLIS RD	
CITY/ST/ZIP/CO:	RTP, NC 27709	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROBERT DEL BENE	
TITLE:	TREASURER	
ADDRESS:	1 NEW ORCHARD RD	
CITY/ST/ZIP/CO:	ARMONK, NY 10504	

NAME: BRUCE MAGGIN TITLE: VICE PRESIDENT ADDRESS: 1 NORTH CASTLE DR CITY/ST/ZIP/CO: ARMONK, NY 10504	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER O'NEILL TITLE: ASST SECRETARY ADDRESS: 294 ROUTE 100 CITY/ST/ZIP/CO: SOMERS, NY 10589	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: PAMELA BESHORY TITLE: ASST TREASURER ADDRESS: 1 NEW ORCHARD RD CITY/ST/ZIP/CO: ARMONK, NY 10504	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: RAELEEN MEDRANO TITLE: ASST TREASURER ADDRESS: 1 NEW ORCHARD RD CITY/ST/ZIP/CO: ARMONK, NY 10504	<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/ YOLANDA RABUN	YOLANDA RABUN, SECRETARY
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.	