

1.) CORPORATION NAME: squaremouth, inc.	DUE DATE: 4/30/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	SCC ID NO: F1892399				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: FL	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100,000
CLASS	AUTHORIZED				
COMMON	100,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 SECOND AVE S STE 1200

CITY/ST/ZIP: SAINT PETERSBURG, FL 33701

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: CHRIS HARVEY TITLE: CEO ADDRESS: 100 2ND AVE S STE 1200 CITY/ST/ZIP/CO: SAINT PETERSBURG, FL 33701	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: AIDAN HARVEY TITLE: OFFICER ADDRESS: 100 2ND AVE S SUITE 1200 CITY/ST/ZIP/CO: ST PETERSBURG, FL 33701	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: MATT OUTTEN TITLE: CIO ADDRESS: 110 W BERRY STE 1806 CITY/ST/ZIP/CO: FORT WAYNE, IN 46802	<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/ AIDAN HARVEY	AIDAN HARVEY, OFFICER	6/17/2014
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.