

1.) CORPORATION NAME:

TEXAS MEMORY SYSTEMS, INC.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1909326**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10777 WESTEIMER RD STE 600

CITY/ST/ZIP: HOUSTON, TX 77042

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: THERESA A. MITCHELL TITLE: PRESIDENT ADDRESS: 3039 CORNWALLIS CITY/ST/ZIP/CO: RESEARCH TRIANGLE PARK, NC 27709</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MARK GOLDSTEIN TITLE: VICE PRESIDENT ADDRESS: 1 NEW ORCHARD RD CITY/ST/ZIP/CO: ARMONK, NY 10504</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: LAN Q. HANG TITLE: SECRETARY ADDRESS: 650 HARRY ROAD CITY/ST/ZIP/CO: ALMADEN RESEARCH CENTER SAN JOSE, CA 95120</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ROBERT DEL BENE TITLE: TREASURER ADDRESS: 1 NEW ORCHARD RD CITY/ST/ZIP/CO: ARMONK, NY 10504</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JEFFREY J. DOYLE TITLE: DIRECTOR ADDRESS: 1 NEW ORCHARD RD CITY/ST/ZIP/CO: ARMONK, NY 10504</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KEVIN J. REARDON TITLE: DIRECTOR ADDRESS: 1 NEW ORCHARD RD CITY/ST/ZIP/CO: ARMONK, NY 10504</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: PAMELA BESHOOORY 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: SHARON DOBBS TITLE: ASST SECRETARY ADDRESS: 11501 BURNET RD CITY/ST/ZIP/CO: AUSTIN, TX 78758	<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
NAME: BRUCE MAGGIN TITLE: VP - TAX ADDRESS: 1 NEW ORCHARD RD CITY/ST/ZIP/CO: ARMONK, NY 10504	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TODD HUTCHEN TITLE: ASST SECRETARY ADDRESS: 294 RT 100 CITY/ST/ZIP/CO: SOMERS, NY 10589	<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/ LAN Q.HANG SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LAN Q.HANG, PRINTED NAME AND CORPORATE TITLE	8/14/2013 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.		