

1.) CORPORATION NAME: <b>VYKIN CORPORATION</b>	DUE DATE: <b>7/31/2015</b>						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER 16TH FL 1111 EAST MAIN STREET</b>	SCC ID NO: <b>F1935784</b>						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND, VA</b>	5.) STOCK INFORMATION						
4.) STATE OR COUNTRY OF INCORPORATION: <b>FL</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMAV</td> <td style="text-align: center;">1,000</td> </tr> <tr> <td>COMBNV</td> <td style="text-align: center;">1,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMAV	1,000	COMBNV	1,000
CLASS	AUTHORIZED						
COMAV	1,000						
COMBNV	1,000						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND CITY</b>							
4.) STATE OR COUNTRY OF INCORPORATION: <b>FL</b>							

6.) PRINCIPAL OFFICE ADDRESS:	
ADDRESS: 400 N ASHLEY DR STE 1440	
CITY/ST/ZIP: TAMPA, FL 33602	

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 checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LEISHA GRIFFIN		
TITLE: PRES/DIR		
ADDRESS: 400 N ASHLEY DRIVE STE 1440		
CITY/ST/ZIP/CO: TAMPA, FL 33602		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EDWARD BACHL		
TITLE: VP/DIR		
ADDRESS: 400 N ASHLEY DR STE 1440		
CITY/ST/ZIP/CO: TAMPA, FL 33602		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN GREENE		
TITLE: VP/DIR		
ADDRESS: 400 N ASHLEY DR STE 1440		
CITY/ST/ZIP/CO: TAMPA, FL 33602		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TIMOTHY RIDER		
TITLE: VP/DIR		
ADDRESS: 400 N ASHLEY DRIVE STE 1440		
CITY/ST/ZIP/CO: TAMPA, FL 33602		

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/ TIMOTHY RIDER	TIMOTHY RIDER, VP/DIR	7/15/2015
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.