

1.) CORPORATION NAME:

Apexus, Inc.

DUE DATE: **11/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 285
GLEN ALLEN, VA**

SCC ID NO: **F1945932**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 290 E JOHN CARPENTER FRWY

CITY/ST/ZIP: IRVING, TX 75062

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 HATWIG TITLE: PRESIDENT ADDRESS: 290 E JOHN CARPENTER FRWY CITY/ST/ZIP/CO: IRVING, TX 75062	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JACK LANGENBERG TITLE: VICE PRESIDENT ADDRESS: 290 E JOHN CARPENTER FRWY CITY/ST/ZIP/CO: IRVING, TX 75062	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JILL WITTER TITLE: SECRE ADDRESS: 290 E JOHN CARPENTER FRWY CITY/ST/ZIP/CO: IRVING, TX 75062	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DEBRA DEVEREAUX TITLE: DIRECTOR ADDRESS: 290 E JOHN CARPENTER FRWY CITY/ST/ZIP/CO: IRVING, TX 75062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TONY FELIX TITLE: DIRECTOR ADDRESS: 290 E JOHN CARPENTER FRWY CITY/ST/ZIP/CO: IRVING, TX 75062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DANNY JACKSON TITLE: DIRECTOR ADDRESS: 290 E JOHN CARPENTER FRWY CITY/ST/ZIP/CO: IRVING, TX 75062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: KIM KERSTEN TITLE: DIRECTOR ADDRESS: 290 E JOHN CARPENTER FRWY CITY/ST/ZIP/CO: IRVING, TX 75062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LARRY MCCOMBER TITLE: DIRECTOR ADDRESS: 290 E JOHN CARPENTER FRWY CITY/ST/ZIP/CO: IRVING, TX 75062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS WALLER TITLE: DIRECTOR ADDRESS: 290 E JOHN CARPENTER FRWY CITY/ST/ZIP/CO: IRVING, TX 75062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID ZILZ TITLE: DIRECTOR ADDRESS: 290 E JOHN CARPENTER FRWY CITY/ST/ZIP/CO: IRVING, TX 75062	<input type="checkbox"/> OFFICER	<input checked="" 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/ JILL WITTER	JILL WITTER, SECRE	1/20/2015
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.		