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| SCC eFile | 2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 215514312 |
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| 1.) CORPORATION NAME: Flatout, Inc. | DUE DATE: 4/30/2015 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER 16TH FL 1111 E MAIN ST RICHMOND, VA | SCC ID NO: F1959560 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY | 5.) STOCK INFORMATION | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: DE | <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>1,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000 |
| CLASS | AUTHORIZED | | | | |
| COMMON | 1,000 | | | | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1422 WOODLAND DR
CITY/ST/ZIP: SALINE, MI 48176

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.

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|----------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: STACEY MARSH | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: PRESIDENT | | | | |
| ADDRESS: 1422 WOODLAND DR | | | | |
| CITY/ST/ZIP/CO: SALINE, MI 48176 | | | | |

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|----------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: MICHAEL MARSH | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: VICE PRESIDENT | | | | |
| ADDRESS: 1422 WOODLAND DR | | | | |
| CITY/ST/ZIP/CO: SALINE, MI 48176 | | | | |

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|----------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: KATHY CAPELLI | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: TREA | | | | |
| ADDRESS: 1402 WOODLAND DR | | | | |
| CITY/ST/ZIP/CO: SALINE, MI 48176 | | | | |

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.

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| /s/ STACEY MARSH | STACEY MARSH, PRESIDENT | 4/16/2015 |
| 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.