

1.) CORPORATION NAME: 4PROS SOLUTIONS INC.	DUE DATE: 5/31/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER, 16TH FLOOR 1111 EAST MAIN STREET	SCC ID NO: F1962283				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
4.) STATE OR COUNTRY OF INCORPORATION: NJ					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 200 CENTENNIAL AVE STE 200 CITY/ST/ZIP: PISCATAWAY, NJ 08854	
-------------------------------------------------------------------------------------------------------------------	--

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: RAVINDER THIND TITLE: PRESIDENT ADDRESS: 200 CENTENNIAL AVE STE 200 CITY/ST/ZIP/CO: PISCATAWAY, NJ 08854	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
-------------------------------------------------------------------------------------------------------------------------	---------------------------------------------	-----------------------------------	--

NAME: BHAVESH ADANI TITLE: EX VP & SEC ADDRESS: 200 CENTENNIAL AVE STE 200 CITY/ST/ZIP/CO: PISCATAWAY, NJ 08854	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
--------------------------------------------------------------------------------------------------------------------------	---------------------------------------------	-----------------------------------	--

NAME: JAMES LOMBARDO TITLE: EX VP & TREA ADDRESS: 200 CENTENNIAL AVE STE 200 CITY/ST/ZIP/CO: PISCATAWAY, NJ 08854	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
----------------------------------------------------------------------------------------------------------------------------	---------------------------------------------	-----------------------------------	--

NAME: MAKHAN LALLI TITLE: DIRECTOR ADDRESS: 200 CENTENNIAL AVE STE 200 CITY/ST/ZIP/CO: PISCATAWAY, NJ 08854	<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/ RAVINDER THIND	RAVINDER THIND, PRESIDENT	5/19/2015
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.