

1.) CORPORATION NAME: TRANSMODE SYSTEMS, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATE CREATIONS NETWORK INC 6802 PARAGON PL ST 410 RICHMOND, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: DE	DUE DATE: 7/31/2015 SCC ID NO: F1970674 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>3,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	3,000
CLASS	AUTHORIZED				
COMMON	3,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 4100 Midway Road, Suite 1120 CITY/ST/ZIP: Carrollton, TX 75007

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: KARL THEDEEN TITLE: PRESIDENT ADDRESS: 4100 MIDWAY RD., STE 1120 CITY/ST/ZIP/CO: CARROLLTON, TX 75007	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: JOHAN WISLBY TITLE: CFO ADDRESS: 4100 MIDWAY RD. STE 1120 CITY/ST/ZIP/CO: CARROLLTON, TX 75007	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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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/ KARL THEDEEN	KARL THEDEEN, PRESIDENT	9/11/2015
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.