

1.) CORPORATION NAME: <b>BASIS Science, Inc.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX RD STE 285          GLEN ALLEN, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>	DUE DATE: <b>8/31/2015</b> SCC ID NO: <b>F1972571</b> 5.) STOCK INFORMATION <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: 2200 MISSION COLLEGE BLVD RNB 4-151 CITY/ST/ZIP: SANTA CLARA, CA 95054
-------------------------------	--

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: TIFFANY SILVA TITLE: SECRE ADDRESS: 2200 MISSION COLLEGE BLVD,RNB 4-151 CITY/ST/ZIP/CO: SANTA CLARA, CA 95054	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
--	---	--	--

NAME: RONALD DICKEL TITLE: DIRECTOR ADDRESS: 2200 MISSION COLLEGE BLVD,RNB 4-151 CITY/ST/ZIP/CO: SANTA CLARA, CA 95054	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
---	----------------------------------	--	--

NAME: RAVI JACOB TITLE: DIRECTOR ADDRESS: 2200 MISSION COLLEGE BLVD,RNB 4-151 CITY/ST/ZIP/CO: SANTA CLARA, CA 95054	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
--	----------------------------------	--	--

NAME: ANDREA DE LUGNANI TITLE: DIRECTOR ADDRESS: 2200 MISSION COLLEGE BLVD,RNB 4-151 CITY/ST/ZIP/CO: SANTA CLARA, CA 95054	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
---	----------------------------------	--	--

NAME: ROBERT PACILEO TITLE: DIRECTOR ADDRESS: 2200 MISSION COLLEGE BLVD RNB 4-151 CITY/ST/ZIP/CO: SANTA CLARA, CA 95054	<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/ TIFFANY SILVA	TIFFANY SILVA, SECRE	7/6/2015
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.