

SCC eFile	2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	216501241
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1.) CORPORATION NAME: Praxis Financial Solutions, Incorporated	DUE DATE: 1/31/2016				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCORP SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA	SCC ID NO: F1986274				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY	5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: IL	<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>COMA</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMA	10,000
CLASS	AUTHORIZED				
COMA	10,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7301 N Lincoln Ave, Ste 220

CITY/ST/ZIP: Lincolnwood, IL 60712

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ASHOR DEKELAITA		
TITLE: PRESIDENT		
ADDRESS: 7301 N LINCOLN AVENUE		
CITY/ST/ZIP/CO: SUITE 220 LINCOLNWOOD, IL 60712		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BASHAR AWDISH		
TITLE: VP OF FINANCE		
ADDRESS: 7301 N LINCOLN AVENUE		
CITY/ST/ZIP/CO: SUITE 220 LINCOLNWOOD, IL 60712		

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/ ASHOR DEKELAITA	ASHOR DEKELAITA, PRESIDENT	12/29/2015
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.