RI SOS Filing Number: 200701060460 Date: 09/17/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fees $50.00**

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
138513	SPI Litigation Direct, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	SALES REPRESENTATIVE FOR SOFTWARE COMPANY

5. Principal office address	City	State	Zip
3500 S. DUPONT HWY	DOVER	DE	19901

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
ANA MARIE ZAPANTA	DIRECTOR, FINANCE AND ACCOUNTING

Street Address	City	State	Zip
11400 BURNET RD. BLDG. 5 STE 5110	AUSTIN	TX	78758

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
ERNEST CU	SPI BLDG PASCOR DR	PARANAQUE	MANILA	PHILIPPINES
DAVID THORNQUIST	AM 3614 LINCOLN BLDG 60 EAST 42ND ST.	NEW YORK	NY	10165
PETER NAQUERA	SPI BLDG PASCOR DR	PARANAQUE	MANILA	PHILIPPINES
REYNALDO COCHANGCO	SPI BLDG. PASCOR DR	PARANAQUE	MANILA	PHILIPPINES

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CT CORPORATION SYSTEM	10 WEYBOSSET STREET	PROVIDENCE	02903-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person — Date: 9/12/07

[redacted]

ANA MARIE ZAPANTA, DIRECTOR FINANCE AND ACCOUNTING
Print or Type Name of Authorized Person

FILED	
File Date	
Check No.	SEP 17 2007
By:	By 2733

14353-18-184892
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07