RI SOS Filing Number: 200807145890 Date: 01/29/2008 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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

****In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
124672	ARENDI USA, INC.			
3. Street Address Principal Business Office		City	State	Zip
C/Sotillo 17C 28043		Madrid, Spain		
4. Business Phone No.	5. State of Incorporation			
401-453-2300	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
design, develop, manufacture and sell software products

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Atle Hedloy			Claudia Violette Heger-Hedloy		
Street Address			Street Address		
C/Sotillo 17C			C/Sotillo 17C		
City	State	Zip	City	State	Zip
28043 Madrid	Spain		28043 Madrid	Spain	
Secretary Name			Treasurer Name		
Atle Hedloy			Claudia Violette Heger-Hedloy		
Street Address			Street Address		
C/Sotillo 17C			C/Sotillo 17C		
City	State	Zip	City	State	Zip
28043 Madrid	Spain		28043 Madrid	Spain	

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Atle Hedloy			Claudia Violette Heger-Hedloy		
Street Address			Street Address		
C/Sotillo 17C			C/Sotillo 17C		
City	State	Zip	City	State	Zip
28043 Madrid	Spain		28043 Madrid	Spain	
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ — **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No Par	100	Common	No Par
			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[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 *Date* 21/1/2008

Atle Hedloy
Print or Type Name

[redacted] President
Title

FILED
File Date
Check No. JAN 29 2008
By By 118
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