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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
000736434	**ExamSoft Worldwide, Inc**		
3. Principal office address **6400 Congress Ave Suite 1050**	City **Boca Raton**	State **Fl**	Zip **33487**
4. Business Phone No. **954-429-8889 x111**	5. State of Incorporation **Fl**		
6. Brief description of the character of business conducted in Rhode Island **we provide a computer based testing solution for high stakes exams**			

SECRETARY OF STATE CORPORATIONS DIV 2014 APR 29 AM 10:59

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (☐ BOX FOR ATTACHMENT)

President Name **David Schnabel**			Vice-President Name		
Street Address **7522 Midbury Dr**			Street Address		
City **Dallas**	State **TX**	Zip **75230**	City	State	Zip
Secretary Name **Daniel Muzquiz**			Treasurer Name		
Street Address **5527 Mccommas Blvd**			Street Address		
City **Dallas**	State **TX**	Zip **75206**	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (☐ BOX FOR ATTACHMENT)

Director Name **Ed Oikola**			Director Name **David Millet**		
Street Address **8226 Douglas Ave #355**			Street Address **20 William Street #250**		
City **Dallas**	State **TX**	Zip **75225**	City **Wellesley**	State **MA**	Zip **02481**
Director Name **Shawn Kelly**			Director Name		
Street Address **8226 Douglas Ave #355**			Street Address		
City **Dallas**	State **TX**	Zip **75225**	City	State	Zip

9. BUSINESS AUTHORIZED — 10. SHARES ISSUED (☐ BOX FOR ATTACHMENT)

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.
See Section 9 of instruction sheet.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
9800	class A units	none

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.

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 Representative — Date: 4-28-14

Mike Patterson
Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY
File Date:
Check No.:
By:

FILED
APR 29 2014
By 223194
A.A. 11:01 A.M.

Form No. 630
Revised 01/2012 106009-1944009