

1. Entity ID No.

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 2010

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

2. Exact name of the Corporation

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

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|--|-------------------------------|-------------------------------|---|--------------------|-----------------------------|--|
| 3. Principal office address 150 PRESIDENTIAL WAY, SUITE 400 | | | City WOBURN | State MA | Zip 01801 | |
| 4. Business Phone No. 781-213-1500 | | | 5. State of Incorporation DELAWARE | | | |
| 6. Brief description of the cha HR SERVICES | aracter of business | conducted in Rhode Island | 1 | | | |
| STAR STRAIN | silita in light in the | alaharang salaharan digita as | 4,000, 600 | | | |
| President Name GREG NETLAND | | | Vice-President Name RON FUCCILLO | | | |
| Street Address 150 PRESIDENTIAL WAY | | | Street Address 150 PRESIDENTIAL WAY | | | |
| City WOBURN | State MA | Zip 01801 | City WOBURN | State MA | Zip 01801 | |
| Secretary Name SEAN BRADLEY | | | Treasurer Name RON FUCCILLO | | | |
| treet Address 150 PRESIDENTIAL WAY | | | Street Address 150 PRESIDENTIAL WAY | | | |
| City WOBURN | State MA | Zip 01801 | City WOBURN | State MA | Zip 01801 | |
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| Director Name RON FUCCILLO | | | Director Name | | N _ (7) | |
| Street Address 150 PRESIDENTIAL WAY | | | Street Address | | | |
| City WOBURN | State MA | <i>Z</i> ip 01801 | City | State | Zip CC 2 | |
| Director Name | rector Name | | Director Name | | | |
| Street Address | | | Street Address 5000 | | | |
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| remis/antification | | | 电多流管线线通 | | | |
| Was Was | | | NUMBER OF SHARES CLASS/SERIES PAR VALUE | | | |
| 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. | | 2,000 | CWP | .01 | | |
| This report must be execute | | corporation by an authorize | | | s of a receiver or trustee, | |

| | en en m | Under penalty of perjury, I declare and affirm tha this report, including any accompanying schedu- and that all statements contained herein are true | ing schedules and statements, | |
|--|--------------|--|-------------------------------|--|
| Control of the Contro | LITER | mustanty | 12/19/2012 | |
| | DEC 2 7 2012 | Signature of Authorized Representative | Date | |
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| Form No. 630 | M186348 | Print or Type Name of Authorized Representative | | |

Revised: 01/2012

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