

State of California **Secretary of State**

STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

EcoScan LLC

FILED

in the office of the Secretary of State of the State of California

JUL 1 4 2011

11000

| | | | This Space Fo | r Filing Use Only |
|---|--|--------------------------------|----------------|-------------------|
| DUE DATE: | | | | |
| FILE NUMBER AND STATE OR PLACE OF ORGANIZATION | | | | |
| 2. SECRETARY OF STATE FILE NUMBER 3 | | STATE OR PLACE OF ORGANIZATION | | |
| 201115310033 | | California | | |
| COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.) | | | | |
| 4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE | | CITY AND STATE | CITY AND STATE | |
| 660 N. Diamond Bar Blvd. Ste. 105 | | Diamond Bar, CA | | 91765 |
| 5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY) | | CITY | STATE | ZIP CODE |
| 660 N. Diamond Bar Blvd. Ste. 105 | | Diamond Bar | _ CA | 91765 |
| NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY | | | | |
| 6. NAME | ADDRESS | CITY AND STATE | | ZIP CODE |
| | | | | |
| NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.) | | | | |
| 7. NAME | ADDRESS | CITY AND STATE | | ZIP CODE |
| Matthew Callan | 1714 N. San Antonio Av | Upland, CA | | 91784 |
| 8. NAME | ADDRESS | CITY AND STATE | | ZIP CODE |
| Barbara Callan 1863 N. Euclid Av | | Upland, CA | | 91784 |
| 9. NAME | ADDRESS | CITY AND STATE | | ZIP CODE |
| | | | | |
| AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.) | | | | |
| 10. NAME OF AGENT FOR SERVICE OF | | | | |
| Eric Michael Papp | | | | |
| 11. ADDRESS OF AGENT FOR SERVIC | E OF PROCESS IN CALIFORNIA, IF AN INDIVI | DUAL CITY | STATE | ZIP CODE |
| 495 East Rincon Street, Suite | 125 | Corona | CA | 92879 |
| TYPE OF BUSINESS | | | | |
| 12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY | | | | |
| Document storage, scanning and shredding services. | | | | |
| 13. THE INFORMATION CONTAINED HI | EREIN IS TRUE AND CORRECT. | - 11 | | |
| *. · | | 1 | • | |
| Matthew Callan | All | UX | President | July 11, 2011 |
| TYPE OR PRINT NAME OF PERSON | N COMPLETING THE FORM | SIGNATURE | TITLE | DATE |
| LLC-12 (REV 03/2007) APPROVED BY SECRETARY OF STATE | | | | |