



State of California
Secretary of State

STATEMENT OF INFORMATION
(Limited Liability Company)

Filing Fee \$20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY NAME
GENX SYSTEMS LLC

FILED
Secretary of State
State of California

MAY 29 2015

26/20/PC

This Space For Filing Use Only

File Number and State or Place of Organization

SECRETARY OF STATE FILE NUMBER
201426910194

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)

Do Change Statement

If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no Statement of Information has been previously filed, this form must be completed in its entirety.

☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

| STREET ADDRESS OF PRINCIPAL OFFICE | CITY | STATE | ZIP CODE |
|--|-------------------------------|-------|----------|
| Genx Systems LLC, Office No M06, | Dubai, , UNITED ARAB EMIRATES | | 121225 |
| MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5 | CITY | STATE | ZIP CODE |
| Genx Systems LLC, Office No M06, | Dubai, , UNITED ARAB EMIRATES | | 121225 |
| STREET ADDRESS OF CALIFORNIA OFFICE | CITY | STATE | ZIP CODE |
| 5716 CORSA AVE., SUITE 110 | WESTLAKE VILLAGE | CA | 91362 |

Name and Complete Address of the Chief Executive Officer, If Any

| NAME | ADDRESS | CITY | STATE | ZIP CODE |
|----------------|-----------------------------|------------------------|-------|----------|
| SHAKIR HUSSAIN | M06- AL ZAHRA TECHNO CENTER | BUR DUBAI, DUBAI - UAE | | 92126 |

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)

| NAME | ADDRESS | CITY | STATE | ZIP CODE |
|----------------|-----------------------------|------------------------|-------|----------|
| SHAKIR HUSSAIN | M06- AL ZAHRA TECHNO CENTER | BUR DUBAI, DUBAI - UAE | | 92126 |
| 0 NAME | ADDRESS | CITY | STATE | ZIP CODE |
| SUZANA THAYER | M06- AL ZAHRA TECHNO CENTER | BUR DUBAI, DUBAI - UAE | | 92126 |
| 1 NAME | ADDRESS | CITY | STATE | ZIP CODE |

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

2 NAME OF AGENT FOR SERVICE OF PROCESS

incorp Services, Inc

| 3 STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL | CITY | STATE | ZIP CODE |
|--|------|-------|----------|
| | | CA | |

Type of Business

4. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

Trading of networking equipments, IT solutions

5 THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

SHAKIR HUSSAIN

Managing Member

DATE

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

TITLE

SIGNATURE