

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001191

Entity Name: VIVISIMO, INC.**Current Principal Place of Business:**1710 MURRAY AVE
PITTSBURGH, PA 15217**Current Mailing Address:**1710 MURRAY AVE
PITTSBURGH, PA 15217**FEI Number:** 25-1865204**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name CICCONE, ANTHONY
Address 555 BAILEY AVENUE
City-State-Zip: SAN JOSE CA 95141

Title VP
Name GOLDSTEIN, MARK
Address ONE NEW ORCHARD ROAD
City-State-Zip: ARMONK NY 10504

Title VP, TAX
Name MAGGIN, BRUCE
Address ONE NORTH CASTLE DRIVE
City-State-Zip: ARMONK NY 10504

Title SECRETARY
Name BEHAN, WILLIAM A
Address 294 ROUTE 100
City-State-Zip: SOMERS NY 10589

Title TREASURER
Name DEL BENE, ROBERT
Address ONE NEW ORCHARD ROAD
City-State-Zip: ARMONK NY 10504

Title ASST. TREASURER
Name BESHOOORY, PAMELA
Address ONE NEW ORCHARD ROAD
City-State-Zip: ARMONK NY 10504

Title ASSISTANT TREASURER
Name MAINSAH, EVARISTUS
Address ONE NEW ORCHARD ROAD
City-State-Zip: ARMONK NY 10504

Title DIRECTOR
Name BOMBERGER, GREGORY C.
Address 6283 FM 1152
City-State-Zip: SEYMOUR TX 76380

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM A. BEHAN**SECRETARY****02/25/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name COLBURN, ARCHIE C
Address ONE NEW ORCHARD ROAD
City-State-Zip: ARMONK NY 10504

Title DIRECTOR
Name REARDON, KEVIN J
Address ONE NEW ORCHARD ROAD
City-State-Zip: ARMONK NY 10504