

1.) CORPORATION NAME:

ServiceSource, Inc.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JANET SAMUELSON
6295 EDSALL ROAD, #175
ALEXANDRIA, VA**

SCC ID NO: **01353119**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6295 EDSALL RD SUITE 175

CITY/ST/ZIP: ALEXANDRIA, VA 22312

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JANET E SAMUELSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6295 EDSALL RD		
CITY/ST/ZIP/CO:	STE 175 ALEXANDRIA, VA 22312		
NAME:	MARK HALL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6295 EDSALL ROAD #175		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22312		
NAME:	DAVID HODGE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6295 EDSALL ROAD #175		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22312		
NAME:	PAUL THIEBERGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10811 HARLEY ROAD		
CITY/ST/ZIP/CO:	LORTON, VA 22079		
NAME:	Michelle S Lee	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	99 Canal Center Plaza Suite 500		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		
NAME:	John R Bruggeman	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7272 Wisconsin Ave American Society of HealthSystem Pharmacists		
CITY/ST/ZIP/CO:	Bethesda, MD 20814		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Verdia Haywood DIRECTOR 2701 Verily Court Oakton, VA 22124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Patricia Woolsey DIRECTOR 7911 Jansen Court Springfield, VA 22152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James Carroll DIRECTOR 3950 University Drive Suite 301 Fairfax, VA 22030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christine Cintron DIRECTOR 3701 Kennett Pike Suite 100 Wilmington, DE 19807	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Julie Rufenacht DIRECTOR 1308 Ft Bragg Road Suite 201 Fayetteville, NC 28305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Francis Burke DIRECTOR 29750 US Highway 19 North Clearwater, FL 33761	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Paul Plattner DIRECTOR 1834 Kalorama Rd., NW Washington, DC 20009	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAVID HODGE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID HODGE, TREASURER PRINTED NAME AND CORPORATE TITLE	10/21/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			