

1.) CORPORATION NAME:

Blue Ridge Numerics, Inc.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **03924305**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 111 MCINNIS PARKWAY

CITY/ST/ZIP: SAN RAFAEL, CA 94903

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: | RICHARD M. FOEHR | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 111 MCINNIS PARKWAY | | |
| CITY/ST/ZIP/CO: | SAN RAFAEL, CA 94903 | | |

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|-----------------|----------------------|---|-----------------------------------|
| NAME: | MARK ABRAHAMS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 111 MCINNIS PARKWAY | | |
| CITY/ST/ZIP/CO: | SAN RAFAEL, CA 94903 | | |

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|-----------------|----------------------|---|-----------------------------------|
| NAME: | PAMELA J. STRAYER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 111 MCINNIS PARKWAY | | |
| CITY/ST/ZIP/CO: | SAN RAFAEL, CA 94903 | | |

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|-----------------|----------------------|---|-----------------------------------|
| NAME: | RICHARD M. FOEHR | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 111 MCINNIS PARKWAY | | |
| CITY/ST/ZIP/CO: | SAN RAFAEL, CA 94903 | | |

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|-----------------|----------------------|---|-----------------------------------|
| NAME: | MARK ABRAHAMS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST SECRETARY | | |
| ADDRESS: | 111 MCINNIS PARKWAY | | |
| CITY/ST/ZIP/CO: | SAN RAFAEL, CA 94903 | | |

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|-----------------|----------------------|---|-----------------------------------|
| NAME: | PAMELA J. STRAYER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST SECRETARY | | |
| ADDRESS: | 111 MCINNIS PARKWAY | | |
| CITY/ST/ZIP/CO: | SAN RAFAEL, CA 94903 | | |

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|---|---|-----------------------------------|
| NAME: MARK ABRAHAMS TITLE: CFO ADDRESS: 111 MCINNIS PARKWAY CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
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| NAME: RICHARD M. FOEHR TITLE: CEO ADDRESS: 111 MCINNIS PARKWAY CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
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| NAME: RICHARD M. FOEHR TITLE: DIRECTOR ADDRESS: 111 MCINNIS PARKWAY CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903 | <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/ RICHARD M. FOEHR | RICHARD M. FOEHR, PRESIDENT | 4/27/2012 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | 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.