

1.) CORPORATION NAME:

THE CUBE CORPORATION

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **04245023**

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: 10745 WESTSIDE WAY
STE 300

CITY/ST/ZIP: ALPHARETTA, GA 30009

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: TERRY M RYAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: PRESIDENT		
ADDRESS: 10745 WESTSIDE WAY STE 300		
CITY/ST/ZIP/CO: ALPHARETTA, GA 30009		
NAME: ALLEN GARNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: SECRETARY		
ADDRESS: 10745 WESTSIDE WAY STE 300		
CITY/ST/ZIP/CO: ALPHARETTA, GA 30009		
NAME: KRISTIN GAWLIK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: CFO		
ADDRESS: 10745 WESTSIDE WAY STE 300		
CITY/ST/ZIP/CO: ALPHARETTA, GA 30009		
NAME: KENT BRIDGES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR		
ADDRESS: 10745 WESTSIDE WAY STE 300		
CITY/ST/ZIP/CO: ALPHARETTA, VA 30009		

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/ KRISTIN GAWLIK	KRISTIN GAWLIK, CFO	3/12/2014
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.