

1.) CORPORATION NAME:

**AMERICAN REGISTRY FOR INTERNET NUMBERS, LTD.**

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT P STRATTON  
3635 CONCORDE PKWY STE 200  
CHANTILLY, VA 20151**

SCC ID NO: **04834560**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3635 CONCORDE PKWY SUITE 200

CITY/ST/ZIP: CHANTILLY, VA 20151

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:	JOHN CURRAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	1830 FOUNTAIN DRIVE		
CITY/ST/ZIP/CO:	#304 RESTON, VA 20190		
NAME:	PAUL ANDERSEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	209 HOLMES AVENUE		
CITY/ST/ZIP/CO:	TORONTO, ON M2N 4M9, CA		
NAME:	TIMOTHY DENTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1954 LAUDER DRIVE		
CITY/ST/ZIP/CO:	OTTAWA, ON K2A 1B1, CA		
NAME:	PAUL VIXIE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	950 CHARTER STREET		
CITY/ST/ZIP/CO:	REDWOOD CITY, CA 94063		
NAME:	NATHAN E DAVIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	3635 CONCORDE PKWY		
CITY/ST/ZIP/CO:	STE 200 CHANTILLY, VA 20151		
NAME:	ROBERT P STRATTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	3635 CONCORDE PARKWAY		
CITY/ST/ZIP/CO:	SUITE 200 CHANTILLY, VA 20151		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VINTON CERF DIRECTOR 1818 LIBRARY STREET SUITE 400 RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM E WOODCOCK IV DIRECTOR 2351 VIRGINIA ST BERKELEY, CA 94709	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AARON HUGHES DIRECTOR 2124 W. CLIFF DR. SANTA CRUZ, VA 95060	<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/ NATHAN E DAVIS	NATHAN E DAVIS, COO	2/28/2013	
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.			