

1.) CORPORATION NAME:

ePlus Government, inc.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **04907671**

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: 13595 DULLES TECHNOLOGY DRIVE

CITY/ST/ZIP: HERNDON, VA 20171-3413

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.

<p>NAME: BRUCE M BOWEN TITLE: PRESIDENT/DIR ADDRESS: 13595 DULLES TECHNOLOGY DRIVE CITY/ST/ZIP/CO: HERNDON, VA 20171-3413</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PAMELA MITTEN TITLE: ASST S ADDRESS: 13595 DULLES TECHNOLOGY DRIVE CITY/ST/ZIP/CO: HERNDON, VA 20171-3413</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ERICA S STOECKER TITLE: SECRETARY ADDRESS: 13595 DULLES TECHNOLOGY DRIVE CITY/ST/ZIP/CO: HERNDON, VA 20171-3413</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: KLEYTON L. PARKHURST TITLE: SVP/AS/TRES ADDRESS: 13595 DULLES TECHNOLOGY DRIVE CITY/ST/ZIP/CO: HERNDON, VA 20171-3413</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PHILLIP G NORTON TITLE: CHAIRMAN / CEO ADDRESS: 13595 DULLES TECHNOLOGY DRIVE CITY/ST/ZIP/CO: HERNDON, VA 20171-3413</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ELAINE D MARION TITLE: CFO ADDRESS: 13595 DULLES TECHNOLOGY DRIVE CITY/ST/ZIP/CO: HERNDON, VA 20171-3413</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN J MENCARINI SVP 13595 DULLES TECHNOLOGY DRIVE HERNDON, VA 20171-3413	<input checked="" type="checkbox"/> OFFICER	<input 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/ ERICA S STOECKER	ERICA S STOECKER, SECRETARY	9/13/2012	
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.			