

1.) CORPORATION NAME:

**CARANA CORPORATION**

DUE DATE: **4/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MARIA V. MARTINKOV  
4350 N, FAIRFAX DRIVE  
SUITE 900**

SCC ID NO: **05195094**

**ARLINGTON, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	450,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4350 NORTH FAIRFAX DRIVE  
STE 900

CITY/ST/ZIP: ARLINGTON, VA 22203

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:	SANTIAGO SEDACA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4350 N. FAIRFAX DRIVE		
	SUITE 900		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	MARIA MARTINKOV	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	4350 N. FAIRFAX DRIVE		
	STE 900		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	ROBERT OTTO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR		
ADDRESS:	4350 NORTH FAIRFADX DRIVE		
	STE 900		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	WILLIAM PHELPS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	4350 NORTH FAIRFAX DRIVE		
	STE 900		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	EDUARDO TUGENDHAT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN, CEO		
ADDRESS:	4350 NORTH FAIRFAX DRIVE		
	STE 900		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HUMBERTO ESTEVE DIRECTOR 4350 NORTH FAIRFAX DRIVE STE 900 ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARLOS TORRES DIRECTOR 4350 NORTH FAIRFAX DRIVE STE 900 ARLINGTON, VA 22203	<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/ MARIA MARTINKOV	MARIA MARTINKOV, SENIOR VP	4/29/2015	
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.			