

1.) CORPORATION NAME:

TIOGA HOLDINGS, INC.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DAVID G TRIPP
LAW OFFICES OF DAVID TRIPP
2100 RESTON PKWY STE 420**

SCC ID NO: **05205323**

RESTON, VA 20191

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 50,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2100 RESTON PARKWAY
SUITE 400

CITY/ST/ZIP: RESTON, VA 20191

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.

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|-----------------|----------------------------|---|--|
| NAME: | MICHAEL H HOWLAND | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | P/CEO | | |
| ADDRESS: | 2100 RESTON PKWY SUITE 400 | | |
| CITY/ST/ZIP/CO: | RESTON, VA 20191 | | |

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|-----------------|--------------------------------|---|--|
| NAME: | DAVID GUTIERREZ | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 22737 MORRISON VILLE CORNER CT | | |
| CITY/ST/ZIP/CO: | ASHBURN, VA 20148 | | |

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|-----------------|------------------------|---|--|
| NAME: | EMILY M KORBER | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VP/CFO/S/T | | |
| ADDRESS: | 8304 GOSHEN VIEW DR | | |
| CITY/ST/ZIP/CO: | LAYTONSVILLE, MD 20882 | | |

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|-----------------|------------------------|----------------------------------|--|
| NAME: | ROBERT H BUCKMAN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CHAIRMAN | | |
| ADDRESS: | 3653 SOUTH GALLOWAY DR | | |
| CITY/ST/ZIP/CO: | MEMPHIS, TN 38111 | | |

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|-----------------|----------------------|----------------------------------|--|
| NAME: | ANDREW S CAMPBELL | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 8238 CHANCERY CT | | |
| CITY/ST/ZIP/CO: | ALEXANDRIA, VA 22308 | | |

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|-----------------|----------------------------|---|-----------------------------------|
| NAME: | WILLIAM RECTOR | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2100 RESTON PKWY SUITE 400 | | |
| CITY/ST/ZIP/CO: | RESTON, VA 20191 | | |

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|---|----------------------------------|--|
| NAME: ED STEVENS TITLE: DIRECTOR ADDRESS: 8300 GOSHEN VIEW DR CITY/ST/ZIP/CO: GAITHERSBURG, MD 20882 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|---|----------------------------------|--|

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|--|----------------------------------|--|
| NAME: DON LINEBACK TITLE: DIRECTOR ADDRESS: 110 EAST ROUND HILL RD CITY/ST/ZIP/CO: GREENVILLE, SC 29617 | <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/ EMILY M KORBER | EMILY M KORBER, VP/CFO/S/T | 6/6/2012 |
| 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.