

1.) CORPORATION NAME: **C-PORT, INCORPORATED** DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **POTOMAC MARINE, INC.
16229 NEABSCO ROAD
WOODBIDGE, VA 22191** SCC ID NO: **05859707**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3640-B3 NORTH FEDERAL HWY #136
 CITY/ST/ZIP: LIGHTHOUSE POINT, FL 33064

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ETHAN MAASS		
TITLE: SECRETARY		
ADDRESS: PO BOX 429		
CITY/ST/ZIP/CO: GREEN HARBOR, MA 02041		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVE WINKLER		
TITLE: TREASURER		
ADDRESS: 256 MARGINAL STREET		
CITY/ST/ZIP/CO: SUITE 12 EAST BOSTON, MA 02128		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PHILIP DELANO		
TITLE: VICE CHAIRMAN		
ADDRESS: PO BOX 2169		
CITY/ST/ZIP/CO: BETHEL ISLAND, CA 94511		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRIS SHAFFNER		
TITLE: CHAIRMAN		
ADDRESS: PO BOX 530518		
CITY/ST/ZIP/CO: LAKE PARK, FL 33403		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN ANDREWS		
TITLE: DIRECTOR		
ADDRESS: 60 REYNOLDS ST		
CITY/ST/ZIP/CO: WICKFORD, RI 02852		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TINA CARDONE		
TITLE: DIRECTOR		
ADDRESS: 3640-B3 NORTH FEDERAL HWY		
CITY/ST/ZIP/CO: SUITE 136 LIGHTHOUSE POINT, FL 33064		

NAME:	KEVIN FREESTONE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 431854		
CITY/ST/ZIP/CO:	BIG PINE KEY, FL 33043		
NAME:	JOE FROHNHOEFER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	700 HUMMEL AVE		
CITY/ST/ZIP/CO:	SOUTHOLD, NY 11971		
NAME:	TERRY HILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16229 NEABSCO RD		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22191		
NAME:	DAVID LAMONTAGNE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	31321 BROOKS STREET		
CITY/ST/ZIP/CO:	LAGUNA BEACH, CA 92651		
NAME:	CHRIS MCCARTHY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16400 PCH		
CITY/ST/ZIP/CO:	SUITE 222 HUNTINGTON BEACH, CA 92649		
NAME:	CHARLES MEYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1402		
CITY/ST/ZIP/CO:	LAKE OZARK, MO 65049		
NAME:	DALE PLUMMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 975		
CITY/ST/ZIP/CO:	PASADENA, MD 21123		
NAME:	ROGER SLADE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 568		
CITY/ST/ZIP/CO:	PORT HADLOCK, WA 98339		
NAME:	Robert Estrada	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5313 Ashland Drive		
CITY/ST/ZIP/CO:	Flowery Branch, GA 30542		

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/ TINA CARDONE	TINA CARDONE, DIRECTOR	8/27/2012
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.