

1.) CORPORATION NAME:

InSITE Fiber of Virginia, Inc.

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **06047294**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1220 AUGUSTA DRIVE
STE 500

CITY/ST/ZIP: HOUSTON, TX 77057

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:	W BENJAMIN MORELAND	
TITLE:	P/CEO	
ADDRESS:	1220 AUGUSTA DRIVE	
	STE 500	
CITY/ST/ZIP/CO:	HOUSTON, TX 77057	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	E BLAKE HAWK	
TITLE:	EXEC VP	
ADDRESS:	1220 AUGUSTA DRIVE	
	STE 500	
CITY/ST/ZIP/CO:	HOUSTON, TX 77057	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAY A BROWN	
TITLE:	SVP/CFO/T	
ADDRESS:	1220 AUGUSTA DRIVE	
	STE 500	
CITY/ST/ZIP/CO:	HOUSTON, TX 77057	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JIM YOUNG	
TITLE:	SVP/COO	
ADDRESS:	2000 CORPORATE DRIVE	
	CANONSBURG, PA 15317	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LYNN HOWELL	
TITLE:	ASST SECRETARY	
ADDRESS:	1220 AUGUSTA DRIVE	
	STE 500	
CITY/ST/ZIP/CO:	HOUSTON, TX 77057	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PHILIP M KELLEY	
TITLE:	SVP CORP DEV	
ADDRESS:	1220 AUGUSTA DRIVE, SUITE 500	
	HOUSTON, TX 77057	

NAME: DONALD J REID OFFICER DIRECTOR
TITLE: SECRETARY
ADDRESS: 1220 AUGUSTA DRIVE, SUITE 500
CITY/ST/ZIP/CO: HOUSTON, TX 77057

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.

<u>/s/ LYNN HOWELL</u>	<u>LYNN HOWELL, ASST</u>	<u>8/5/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.