

1.) CORPORATION NAME: <b>Captiva, Inc.</b>	DUE DATE: <b>7/31/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>ROBERT DARYL ROOK 11434 LINKS DR RESTON, VA</b>	SCC ID NO: <b>06412365</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 11434 LINKS DRIVE  CITY/ST/ZIP: RESTON, VA 20190	
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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: ROBERT DARYL ROOK TITLE: PRES/CHRMN ADDRESS: 11434 LINKS DRIVE CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: JODY ROOK TITLE: VICE PRESIDENT ADDRESS: 11434 LINKS DRIVE CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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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/ ROBERT DARYL ROOK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT DARYL ROOK, PRES/CHRMN PRINTED NAME AND CORPORATE TITLE	7/24/2014 DATE
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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.