

1.) CORPORATION NAME:

**BITE ME CANCER, INC.**

DUE DATE: **9/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR**

**SHARON FERRARO**

**4094 MAJESTIC LN STE 335**

**FAIRFAX, VA 22033**

SCC ID NO: **07280670**

5.) STOCK INFORMATION

|       |            |
|-------|------------|
| CLASS | AUTHORIZED |
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4094 MAJESTIC LANE, SUITE 335

CITY/ST/ZIP: FAIRFAX, VA 22033-

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:           | SHARON FERRARO           | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE:          | SECRETARY                |                                     |         |                                     |          |
| ADDRESS:        | 4094 MAJESTIC LN STE 335 |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: | FAIRFAX, VA 22033-       |                                     |         |                                     |          |

|                 |                               |                                     |         |                                     |          |
|-----------------|-------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME:           | C. MICHAEL FERRARO            | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE:          | CHAIRMAN                      |                                     |         |                                     |          |
| ADDRESS:        | 4094 MAJESTIC LANE, SUITE 335 |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: | FAIRFAX, VA 22033-            |                                     |         |                                     |          |

|                 |                      |                                     |         |                                     |          |
|-----------------|----------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME:           | MARK SEARLE          | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE:          | VICE CHAIRMAN        |                                     |         |                                     |          |
| ADDRESS:        | 13581 MELVILLE LANE  |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: | CHANTILLY, VA 20151- |                                     |         |                                     |          |

|                 |                   |                                     |         |                                     |          |
|-----------------|-------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME:           | KEITH SENGLAUB    | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE:          | TREASURER         |                                     |         |                                     |          |
| ADDRESS:        | 11688 HEINZ COURT |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: | OAKTON, VA 22124- |                                     |         |                                     |          |

|                 |  |                          |         |                                     |          |
|-----------------|--|--------------------------|---------|-------------------------------------|----------|
| NAME:           | MIKE CONDRO                            | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE:          | DIRECTOR                               |                          |         |                                     |          |
| ADDRESS:        | C/O DELOITTE                           |                          |         |                                     |          |
| CITY/ST/ZIP/CO: | 1750 TYSONS BLVD.<br>MCLEAN, VA 22102- |                          |         |                                     |          |

|  |   |           |
|--|---|-----------|
| NAME: JEANINE CALLAHAN<br>TITLE: DIRECTOR<br>ADDRESS: C/O EAGLE RAY<br>4501 SINGER CT., SUITE 110<br>CITY/ST/ZIP/CO: CHANTILLY, VA 20151-  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |           |
| NAME: BRETT COFFEE<br>TITLE: DIRECTOR<br>ADDRESS: C/O CSCI<br>6283 TIMARRON COVE LANE<br>CITY/ST/ZIP/CO: BURKE, VA 22015-  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |           |
| NAME: NICOLE FERRARO<br>TITLE: DIRECTOR<br>ADDRESS: 3649 BEECH DOWN DRIVE<br>CITY/ST/ZIP/CO: CHANTILLY, VA 20151-  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |           |
| NAME: JEAN MAROTTA<br>TITLE: DIRECTOR<br>ADDRESS: 6495 TRILLIUM HOUSE LANE<br>CITY/ST/ZIP/CO: CENTREVILLE, VA 20120-   | <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/ SHARON FERRARO   | SHARON FERRARO, SECRETARY   | 9/18/2011 |
| 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. |   |           |