

1.) CORPORATION NAME:

**BITE ME CANCER, INC.**

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**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.

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

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

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

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRETT COFFEE	
TITLE:	DIRECTOR	
ADDRESS:	C/O CSCI	
CITY/ST/ZIP/CO:	6283 TIMARRON COVE LANE BURKE, VA 22015	

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

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	NICOLE FERRARO	
TITLE:	DIRECTOR	
ADDRESS:	c/o Bite Me Cancer	
CITY/ST/ZIP/CO:	4094 Majestic Lane, Suite 335 Fairfax, VA 22033	

NAME: Adam Castleman TITLE: TREASURER ADDRESS: 1400 S. Joyce Street, Apt. 540 CITY/ST/ZIP/CO: Arlington, VA 22202	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Gina Cocomello TITLE: DIRECTOR ADDRESS: 13109 Willow Stream Lane CITY/ST/ZIP/CO: Fairfax, VA 22033	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Kristen Fyfe-Mills TITLE: DIRECTOR ADDRESS: 6424 Birchleigh Circle CITY/ST/ZIP/CO: Alexandria, VA 22315	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Kelly Jan TITLE: DIRECTOR ADDRESS: 13800 Coppermine Road, Suite 300 The SaleCycle CITY/ST/ZIP/CO: Herndon, VA 20171	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Claire Meade TITLE: DIRECTOR ADDRESS: 1650 Tysons Blvd., Suite 1000 (Morgan Stanley Smith Barney) CITY/ST/ZIP/CO: McLean, VA 22102	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Janet Miller TITLE: DIRECTOR ADDRESS: 914 Barker Hill Road CITY/ST/ZIP/CO: Herndon, VA 20170	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DebiJo Wheatley TITLE: DIRECTOR ADDRESS: 22790 Sagamore Square CITY/ST/ZIP/CO: Brambleton, VA 20148	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Beth Hughes TITLE: DIRECTOR ADDRESS: 1220 N. Fillmore St., Unit 510 CITY/ST/ZIP/CO: Arlington, VA 22201	<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	9/3/2012		
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.				