

1.) CORPORATION NAME:

PROXICOM, INC.

DUE DATE: **12/31/2011**

SCC ID NO: **F1268061**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000
PREFER	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1902 CAMPUS COMMONS DR
STE 600

CITY/ST/ZIP: RESTON, VA 20191-

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: CHARLES DONALD SCALES
TITLE: PRESIDENT
ADDRESS: 14822 N 73RD ST
CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85260-

OFFICER DIRECTOR

NAME: JOHN P. LOUGHLIN
TITLE: VICE PRESIDENT
ADDRESS: 300 WEST 57TH STREET
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER DIRECTOR

NAME: MICHAEL J. JACKSON
TITLE: SECRETARY
ADDRESS: 200 PARK AVENUE SOUTH
2ND FLOOR
CITY/ST/ZIP/CO: NEW YORK, NY 10003-

OFFICER DIRECTOR

NAME: CATHERINE A. BOSTRON
TITLE: SECRETARY
ADDRESS: 300 WEST 57TH STREET
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER DIRECTOR

NAME: JOHN A. ROHAN, JR.
TITLE: TREASURER
ADDRESS: 300 WEST 57TH STREET
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID L. KORS ASST TREASURER 214 NORTH TRYON STREET CHARLOTTE, NC 28202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY M. LOEB ASST TREASURER 300 WEST 57TH STREET NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WARREN K. MCDONALD ASST TREASURER 214 NORTH TRYON ST CHARLOTTE, NC 28202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN P LOUGHLIN DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019-	<input type="checkbox"/> OFFICER	<input checked="" 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/ DAVID L. KORS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID L. KORS, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	12/5/2011 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.