

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:	JOHN P. LOUGHLIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	CATHERINE A. BOSTRON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	JOHN A. ROHAN, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	DAVID L. KORS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	214 NORTH TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202-		
NAME:	LARRY M. LOEB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		

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:	CHARLES DONALD SCALES PRESIDENT 14822 N 73RD ST SCOTTSDALE, AZ 85260-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J. JACKSON PRESIDENT 200 PARK AVENUE SOUTH 2ND FLOOR NEW YORK, NY 10003-	<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.

<u>/s/ DAVID L. KORS</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID L. KORS, ASST <u>TREASURER</u> PRINTED NAME AND CORPORATE TITLE	<u>12/5/2011</u> 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.