

1.) CORPORATION NAME:

PROXICOM, INC.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1268061**

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: 300 WEST 57TH STREET

CITY/ST/ZIP: NEW YORK, NY 10019

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:	MICHAEL J. JACKSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		

NAME:	CHARLES DONALD SCALES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		

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:	ASST 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 TITLE: ASST TREASURER ADDRESS: 300 WEST 57TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: WARREN K. MCDONALD TITLE: ASST TREASURER ADDRESS: 214 NORTH TRYON ST CITY/ST/ZIP/CO: CHARLOTTE, NC 28202	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MICHAEL J. JACKSON TITLE: TREASURER ADDRESS: 300 WEST 57TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER <input 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/ DAVID L. KORS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID L. KORS, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	12/18/2012 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.		