

1.) CORPORATION NAME:

PROXICOM, INC.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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: BRIAN POWLEY TITLE: PRESIDENT ADDRESS: 300 WEST 57TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL J. JACKSON TITLE: VICE PRESIDENT ADDRESS: 300 WEST 57TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019	<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
NAME: JOHN A. ROHAN, JR. TITLE: ASST TREASURER ADDRESS: 300 WEST 57TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID L. KORS TITLE: ASST TREASURER ADDRESS: 214 NORTH TRYON STREET CITY/ST/ZIP/CO: CHARLOTTE, NC 28202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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: 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
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHERINE A. BOSTRON SECRETARY 300 WEST 57TH STREET NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBI CHIRICHELLA VICE PRESIDENT 300 WEST 57TH STREET NEW YORK, NY 10019	<input checked="" 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/ DAVID L. KORS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID L. KORS, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	12/20/2013 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.			