

1.) CORPORATION NAME:

NEON Transcom, Inc.

DUE DATE: **1/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1363987**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 80 CENTRAL STREET

CITY/ST/ZIP: BOXBOROUGH, MA 01719

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.

<p>NAME: ROBERT J SHANAHAN TITLE: CEO & PRESIDENT ADDRESS: 80 CENTRAL STREET CITY/ST/ZIP/CO: BOXBOROUGH, MA 01719</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: DOUG DALISSANDRO TITLE: EXECUTIVE VP ADDRESS: 80 CENTRAL STREET CITY/ST/ZIP/CO: BOXBOROUGH, MA 01719</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: ERIC SWANHOLM TITLE: EXECUTIVE VP ADDRESS: 80 CENTRAL STREET CITY/ST/ZIP/CO: BOXBOROUGH, MA 01719</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JASON CAMPBELL TITLE: EVP OPS&ENGINEE ADDRESS: 80 CENTRAL STREET CITY/ST/ZIP/CO: BOXBOROUGH, MA 01719</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: DAVID L MAYER TITLE: GC/EVP&SECRETAR ADDRESS: 80 CENTRAL STREET CITY/ST/ZIP/CO: BOXBOROUGH, MA 01719</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: ERIC SANDMAN TITLE: CFO/EVP&TREASUR ADDRESS: 80 CENTRAL STREET CITY/ST/ZIP/CO: BOXBOROUGH, MA 01719</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME:	ROBERT J SHANAHAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	80 CENTRAL STREET		
CITY/ST/ZIP/CO:	BOXBOROUGH, MA 01719		

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 MAYER</u>	<u>DAVID L MAYER,</u>	<u>1/8/2015</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GC/EVP&SECRETAR 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.