

1.) CORPORATION NAME:

**PLEXUS SCIENTIFIC CORPORATION**

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1419250**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4501 FORD AVE  
SUITE 1200

CITY/ST/ZIP: ALEXANDRIA, VA 22302

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: JACQUELIN CAIN TITLE: VICE PRESIDENT ADDRESS: 4501 FORD AVENUE SUITE 1200 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22302	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GARY VEST TITLE: CHAIRMAN ADDRESS: 4501 FORD AVENUE SUITE 1200 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22302	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID BELL TITLE: DIRECTOR ADDRESS: 4501 FORD AVENUE SUITE 1200 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22302	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE CARELLAS TITLE: DIRECTOR ADDRESS: 3707 PEACHTREE RD STE 3 ATLANTA, GA 30319-1382	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL MCCRORY TITLE: DIRECTOR ADDRESS: 4501 FORD AVENUE SUITE 1200 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22302	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: WARREN MEEKINS TITLE: DIRECTOR ADDRESS: 4501 FORD AVENUE SUITE 1200 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22302	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ALI SADRIEH TITLE: DIRECTOR ADDRESS: 4501 FORD AVENUE SUITE 1200 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22302	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: LAMAR EDWARDS TITLE: DIRECTOR ADDRESS: 4501 FORD AVENUE SUITE 1200 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22302	<input 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/ LAMAR EDWARDS	LAMAR EDWARDS, DIRECTOR	5/8/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.		