

1.) CORPORATION NAME:

NEON Optica, Inc.

DUE DATE: **10/31/2011**

SCC ID NO: **F1449604**

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	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 196 VAN BUREN STREET, STE 200

CITY/ST/ZIP: HERNDON, VA 20170-

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PAUL M. ESKILDSEN	
TITLE:	SECRETARY	
ADDRESS:	196 VAN BUREN STREET, STE 200	
CITY/ST/ZIP/CO:	HERNDON, VA 20170-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JESSICA KAMAN	
TITLE:	TREASURER	
ADDRESS:	196 VAN BUREN STREET, STE 200	
CITY/ST/ZIP/CO:	HERNDON, VA 20170-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL T. SICOLI	
TITLE:	CEO	
ADDRESS:	196 VAN BUREN STREET, STE 200	
CITY/ST/ZIP/CO:	HERNDON, VA 20170-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	EDWARD O'HARA	
TITLE:	CFO	
ADDRESS:	55 BROAD ST. 2ND FLOOR	
CITY/ST/ZIP/CO:	NEW YORK, NY 10004-	

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/ MICHAEL T. SICOLI</u>	<u>MICHAEL T. SICOLI, CEO</u>	<u>9/26/2011</u>
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.