

1.) CORPORATION NAME:

**GUIDANCE SOFTWARE, INC.**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PARACORP INCORPORATED  
12610 LAKE NORMANDY LANE  
FAIRFAX, VA**

SCC ID NO: **F1458076**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1055 East Colorado Blvd, 5th Floor  
5th Floor

CITY/ST/ZIP: PASADENA, CA 91106

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:	SAM MACCHEROLA	
TITLE:	VICE PRESIDENT	
ADDRESS:	1055 East Colorado Blvd, 5th Floor	
CITY/ST/ZIP/CO:	PASADENA, CA 91106	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARK E HARRINGTON	
TITLE:	SECRETARY	
ADDRESS:	1055 East Colorado Blvd, 5th Floor	
CITY/ST/ZIP/CO:	PASADENA, CA 91106	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	VICTOR LIMONGELLI	
TITLE:	CEO	
ADDRESS:	1055 East Colorado Blvd, 5th Floor	
CITY/ST/ZIP/CO:	PASADENA, CA 91106	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BARRY PLAGA	
TITLE:	CFO	
ADDRESS:	1055 East Colorado Blvd, 5th Floor	
CITY/ST/ZIP/CO:	PASADENA, CA 91106	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Shawn McCreight	
TITLE:	CHAIRMAN	
ADDRESS:	1055 East Colorado Blvd, 5th Floor	
CITY/ST/ZIP/CO:	Pasadena, CA 91106	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Kathleen A O	
TITLE:	DIRECTOR	
ADDRESS:	1055 East Colorado Blvd, 5th Floor	
CITY/ST/ZIP/CO:	Pasadena, CA 91106	

NAME: Jeff Lawrence TITLE: DIRECTOR ADDRESS: 1055 East Colorado Blvd, 5th Floor CITY/ST/ZIP/CO: Pasadena, CA 91106	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Stephen Richards TITLE: DIRECTOR ADDRESS: 1055 East Colorado Blvd, 5th Floor CITY/ST/ZIP/CO: Pasadena, CA 91106	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Robert van Schoonenberg TITLE: DIRECTOR ADDRESS: 1055 East Colorado Blvd, 5th Floor CITY/ST/ZIP/CO: Pasadena, CA 91106	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Chris Poole TITLE: DIRECTOR ADDRESS: 1055 e. colorado ave. 5th floor CITY/ST/ZIP/CO: pasadena, CA 91106	<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/ MARK E HARRINGTON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARK E HARRINGTON, SECRETARY PRINTED NAME AND CORPORATE TITLE	8/29/2013 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.		