

1.) CORPORATION NAME:

FISHBOWL, INC.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1495094**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	75,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 44 CANAL CENTER PLAZA
STE 500

CITY/ST/ZIP: ALEXANDRIA, VA 22314

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:	WILLIAM SCOTT SHAW	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/S		
ADDRESS:	44 CANAL CENTER PLAZA		
	STE 500		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

NAME:	KRISTYN REED-SALOW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	44 CANAL CENTER PLAZA		
	STE 500		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

NAME:	JOHN BRADY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	609 S LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

NAME:	GARY GOLDING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	901 SENECA ROAD		
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066		

NAME:	TODD WALRATH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1705 N TAYLOR STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22207		

NAME: KIRAN HEBBAR TITLE: DIRECTOR ADDRESS: 9732 CINNAMON CREEK DR CITY/ST/ZIP/CO: VIENNA , VA 22182	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHAEL DERING TITLE: DIRECTOR ADDRESS: 12210 FAIRFAX TOWNE CENTER CITY/ST/ZIP/CO: SUITE 936 FAIRFAX, VA 22033	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JIM PARISH TITLE: DIRECTOR ADDRESS: 8904 SE PORTER ROAD CITY/ST/ZIP/CO: VANCOUVER, WA 98664	<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/ KRISTYN REED-SALOW SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KRISTYN REED-SALOW, SECRETARY PRINTED NAME AND CORPORATE TITLE	12/12/2012 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.		