

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213548133

1.) CORPORATION NAME:

**Rivermine Software, Inc.**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1564337**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	377,574,038
PREFER	312,986,849

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3975 FAIR RIDGE DR  
STE 350 SOUTH

CITY/ST/ZIP: FAIRFAX, VA 22033

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: JOHN MESBERG  OFFICER  DIRECTOR  
 TITLE: PRESIDENT  
 ADDRESS: 4600 LAKEHURST COURT  
 CITY/ST/ZIP/CO: DUBLIN, OH 43016

NAME: ROQUE MARTIN  OFFICER  DIRECTOR  
 TITLE: VICE PRESIDENT  
 ADDRESS: 150 KETTLETOWN RD,  
 CITY/ST/ZIP/CO: SOUTHURY, CT 06488

NAME: PAMELA BESHOORY  OFFICER  DIRECTOR  
 TITLE: ASST TREASURER  
 ADDRESS: 1 NEW ORCHARD ROAD  
 CITY/ST/ZIP/CO: ARMONK, NY 10504

NAME: ROBERT DEL BENE  OFFICER  DIRECTOR  
 TITLE: TREASURER  
 ADDRESS: 1 NEW ORCHARD ROAD  
 CITY/ST/ZIP/CO: ARMONK, NY 10504

NAME: RAELEEN MEDRANO  OFFICER  DIRECTOR  
 TITLE: ASST TREASURER  
 ADDRESS: 1 NEW ORCHARD ROAD  
 CITY/ST/ZIP/CO: ARMONK, NY 10504

NAME: MARK GOLDSTEIN  OFFICER  DIRECTOR  
 TITLE: ASST SECRETARY  
 ADDRESS: 1 NEW ORCHARD ROAD  
 CITY/ST/ZIP/CO: ARMONK, NY 10504

NAME: CHRISTOPHER O'NEILL TITLE: ASST SECRETARY ADDRESS: 294 ROUTE 100 CITY/ST/ZIP/CO: SOMERS, NY 10589	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MICHAEL A. PELLINI TITLE: SECRETARY ADDRESS: 170 TRACER LANE CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: GREGORY C. BOMBERGER TITLE: DIRECTOR ADDRESS: 1 NEW ORCHARD ROAD CITY/ST/ZIP/CO: ARMONK, NY 10504	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JEFFREY J. DOYLE TITLE: DIRECTOR ADDRESS: 1 NEW ORCHARD ROAD CITY/ST/ZIP/CO: ARMONK, NY 10504	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KEVIN J. REARDON TITLE: DIRECTOR ADDRESS: 1 NEW ORCHARD ROAD CITY/ST/ZIP/CO: ARMONK, NY 10504	<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/ MICHAEL A. PELLINI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL A. PELLINI, SECRETARY PRINTED NAME AND CORPORATE TITLE	10/16/2013 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.		