

1.) CORPORATION NAME:

**Comtex News Network, Inc.**

DUE DATE: **2/29/2012**

SCC ID NO: **F1576307**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
PAUL SLEDZ  
6462 LITTLE RIVER TPKE STE E  
ALEXANDRIA, VA 22312**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000,000
PREFER	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6462 LITTLE RIVER TNPK  
STE E

CITY/ST/ZIP: ALEXANDRIA, VA 22312-

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.

OFFICER       DIRECTOR

NAME: CHIP BRIAN  
TITLE: PRESIDENT/CEO  
ADDRESS: 6462 LITTLE RIVER TURNPIKE  
STE E  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312-

OFFICER       DIRECTOR

NAME: C W GILLULY  
TITLE: CHAIRMAN  
ADDRESS: 6462 LITTLE RIVER TURNPIKE  
STE E  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312-

OFFICER       DIRECTOR

NAME: ROBERT J LYNCH  
TITLE: DIRECTOR  
ADDRESS: 6462 LITTLE RIVER TURNPIKE  
STE E  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312-

OFFICER       DIRECTOR

NAME: WILLIAM J HOWARD  
TITLE: DIRECTOR  
ADDRESS: 6462 LITTLE RIVER TNPK  
STE E  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312-

NAME:                   ERIK HENDRICKS TITLE:                   DIRECTOR ADDRESS:               6462 LITTLE RIVER TURNPIKE STE E CITY/ST/ZIP/CO:       ALEXANDRIA, VA 22312-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME:                   PIETER VAN BENNEKOM TITLE:                   DIRECTOR ADDRESS:               6462 LITTLE RIVER TURNPIKE STE E CITY/ST/ZIP/CO:       ALEXANDRIA, VA 22312-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME:                   KATHY BALLARD TITLE:                   VICE PRESIDENT ADDRESS:               6462 LITTLE RIVER TURNPIKE STE E CITY/ST/ZIP/CO:       ALEXANDRIA, VA 22312-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME:                   KAN DEVNANI TITLE:                   VICE PRESIDENT ADDRESS:               6462 LITTLE RIVER TURNPIKE STE E CITY/ST/ZIP/CO:       ALEXANDRIA, VA 22312-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME:                   PAUL SLEDZ TITLE:                   TREASURER ADDRESS:               6462 LITTLE RIVER TNPK STE E CITY/ST/ZIP/CO:       ALEXANDRIA, VA 22312-	<input checked="" type="checkbox"/> OFFICER <input 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/ PAUL SLEDZ	PAUL SLEDZ, TREASURER	2/17/2012
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.		