

1.) CORPORATION NAME:

Comtex News Network, Inc.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1576307**

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: 8280 Willow Oaks Corp Dr.
suite 600

CITY/ST/ZIP: Fairfax, VA 22031

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:	CHIP BRIAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/CEO		
ADDRESS:	8280 Willow Oaks Corp Dr. Suite 600		
CITY/ST/ZIP/CO:	Fairfax, VA 22031		
NAME:	KAN DEVNANI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8280 Willow Oaks Corp Dr. Suite 600		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		
NAME:	C W GILLULY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	8280 Willow Oaks Corp Dr. Suite 600		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		
NAME:	ERIK HENDRICKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8280 Willow Oaks Corp Dr. Suite 600		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		
NAME:	WILLIAM J HOWARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8280 Willow Oaks Corp Dr. Suite 600		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		
NAME:	ROBERT J LYNCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8280 Willow Oaks Corp Dr. Suite 600		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PIETER VAN BENNEKOM DIRECTOR 8280 Willow Oaks Corp Dr. Suite 600 FAIRFAX, VA 22031	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Labinot Kadriu TREASURER 8280 Willow Oaks Corp Dr. Suite 600 FAIRFAX, VA 22031	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Susan Amber Gordon SECRETARY 8280 Willow Oaks Corp Dr. Suite 600 FAIRFAX, VA 22031	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ Susan AmberGordon SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Susan AmberGordon, PRINTED NAME AND CORPORATE TITLE	2/27/2014 DATE
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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.