

1.) CORPORATION NAME:

National LambdaRail, Inc.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1587189**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1588 SOUTH COAST DRIVE

CITY/ST/ZIP: COSTA MESA, CA 92626

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: DAVID SACHS TITLE: ACTING CFO ADDRESS: 1588 SOUTH COAST DRIVE CITY/ST/ZIP/CO: COSTA MESA, CA 92626	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KURT SNODGRASS TITLE: ACTING COO ADDRESS: 1588 SOUTH COAST DRIVE CITY/ST/ZIP/CO: COSTA MESA, CA 92626	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PATRICK SOON-SHIONG TITLE: ACTING CEO ADDRESS: 1588 SOUTH COAST DRIVE CITY/ST/ZIP/CO: COSTA MESA, CA 92626	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT PIERCE TITLE: ACTING CAO ADDRESS: 1588 SOUTH COAST DRIVE CITY/ST/ZIP/CO: COSTA MESA, CA 92626	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RANDALL LOWE TITLE: DIRECTOR ADDRESS: 1919 PENNSYLVANIA AVE NW SUITE 800 CITY/ST/ZIP/CO: WASHINGTON, DC 20006	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES DOLGONAS TITLE: DIRECTOR ADDRESS: 1588 SOUTH COAST DRIVE CITY/ST/ZIP/CO: COSTA MESA, CA 92626	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD JOHNSON DIRECTOR 1588 SOUTH COAST DRIVE COSTA MESA, CA 92626	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTIAN ZAPF DIRECTOR 1588 SOUTH COAST DRIVE COSTA MESA, CA 92626	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER O'NEIL DIRECTOR 1588 SOUTH COAST DRIVE COSTA MESA, CA 92626	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVE FARBER DIRECTOR 1588 SOUTH COAST DRIVE COSTA MESA, CA 92626	<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/ KURT SNODGRASS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KURT SNODGRASS, ACTING COO PRINTED NAME AND CORPORATE TITLE	5/25/2012 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.			