

1.) CORPORATION NAME:

DUE DATE: **7/31/2014**

Dialogic Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1594953**

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	22,500,000
PREFER	23,446,501

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1504 MCCARTHY BLVD
CITY/ST/ZIP: MILPITAS, CA 95035

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.

<p>NAME: KEVIN COOK TITLE: PRESIDENT / CEO ADDRESS: 1504 MCCARTHY BLVD CITY/ST/ZIP/CO: MILPITAS, CA 95035</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: BOB DENNERLEIN TITLE: EVP, TREAS, CFO ADDRESS: 1504 MCCARTHY BLVD CITY/ST/ZIP/CO: MILPITAS, CA 95035</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ANTHONY HOUSEFATHER TITLE: EVP, SECRETARY ADDRESS: 1504 MCCARTHY BLVD CITY/ST/ZIP/CO: MILPITAS, CA 95035</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: NICHOLAS DEROMA TITLE: DIRECTOR ADDRESS: 1504 MCCARTHY BLVD CITY/ST/ZIP/CO: MALPITAS, CA 95035</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DION JOANNOU TITLE: DIRECTOR ADDRESS: 1504 MCCARTHY BLVD CITY/ST/ZIP/CO: MILPITAS, CA 95035</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PATRICK S JONES TITLE: DIRECTOR ADDRESS: 1504 MCCARTHY BLVD CITY/ST/ZIP/CO: MILPITAS, CA 95035</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD PIASENTIN DIRECTOR 1504 MCCARTHY BLVD MILPITAS, CA 95035	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAJNEESH VIG DIRECTOR 1504 MCCARTHY BLVD MILPITAS, CA 95035	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W. MICHAEL WEST DIRECTOR 1504 MCCARTHY BLVD MILPITAS, CA 95035	<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/ ANTHONY HOUSEFATHER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANTHONY HOUSEFATHER, EVP, SECRETARY PRINTED NAME AND CORPORATE TITLE	6/23/2014 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.			