

1.) CORPORATION NAME:

Triple Canopy, Inc.

DUE DATE: **9/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060

SCC ID NO: **F1602848**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMA | 50,000,000 |
| COMB | 10,000,000 |
| PREFER | 10,000,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12018 SUNRISE VALLEY DR
STE 140

CITY/ST/ZIP: RESTON, VA 20191-

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: IGNACIO BALDERAS OFFICER DIRECTOR
 TITLE: DIR/CEO
 ADDRESS: 12018 SUNRISE VALLEY DR
 STE 140
 CITY/ST/ZIP/CO: RESTON, VA 20190-

NAME: KELVIN KAI OFFICER DIRECTOR
 TITLE: COO
 ADDRESS: 12018 SUNRISE VALLEY DR
 STE 140
 CITY/ST/ZIP/CO: RESTON, VA 20171-

NAME: TOM KATIS OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: 12018 SUNRISE VALLEY DR
 STE 140
 CITY/ST/ZIP/CO: RESTON, VA 20171-

NAME: MATT LUCKETT OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: 12018 SUNRISE VALLEY DR
 STE 140
 CITY/ST/ZIP/CO: RESTON, VA 20190-

| | | |
|--|---|-------------------|
| NAME: MATT MANN TITLE: DIRECTOR ADDRESS: 12018 SUNRISE VALLEY DR STE 140 CITY/ST/ZIP/CO: RESTON, VA 20171- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: THOMAS MAGNANI TITLE: CFO ADDRESS: 12018 SUNRISE VALLEY DRIVE SUITE 140 CITY/ST/ZIP/CO: RESTON, VA 20191- | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR | |
| NAME: JULIET PROTAS TITLE: SECRETARY ADDRESS: 12018 SUNRISE VALLEY DRIVE SUITE 140 CITY/ST/ZIP/CO: RESTON, VA 20191- | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR | |
| NAME: JESSICA JANUS TITLE: ASST SECRETARY ADDRESS: 12018 SUNRISE VALLEY DRIVE SUITE 140 CITY/ST/ZIP/CO: RESTON, VA 20191- | <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/ JESSICA JANUS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | JESSICA JANUS, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE | 7/28/2011 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. | | |