

1.) CORPORATION NAME:

**Triple Canopy, Inc.**

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**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.

	<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 checked="" type="checkbox"/> DIRECTOR
NAME:	IGNACIO BALDERAS	
TITLE:	DIR/CEO	
ADDRESS:	12018 SUNRISE VALLEY DR	
	STE 140	
CITY/ST/ZIP/CO:	RESTON, VA 20191	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	THOMAS MAGNANI	
TITLE:	CFO	
ADDRESS:	12018 SUNRISE VALLEY DRIVE	
	SUITE 140	
CITY/ST/ZIP/CO:	RESTON, VA 20191	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	THOMAS KATIS	
TITLE:	DIRECTOR	
ADDRESS:	12018 SUNRISE VALLEY DR	
	STE 140	
CITY/ST/ZIP/CO:	RESTON, VA 20191	

NAME:	MATTHEW MANN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12018 SUNRISE VALLEY DR		
	STE 140		
CITY/ST/ZIP/CO:	RESTON, VA 20191		

NAME:	Harold Christy	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	12018 Sunrise Valley Drive		
	Suite 140		
CITY/ST/ZIP/CO:	Reston, VA 20191		

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	JESSICA JANUS, ASST	9/20/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.