

1.) CORPORATION NAME:

TRANSATLANTIC WEB SERVICES INC.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1608233**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 22000 AOL WAY

CITY/ST/ZIP: DULLES, VA 20166

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: JULIE JACOBS TITLE: PRESIDENT ADDRESS: 22000 AOL WAY CITY/ST/ZIP/CO: DULLES, VA 20166</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CURTIS BROWN TITLE: PRESIDENT ADDRESS: 770 BROADWAY, 4TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10003</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: KAREN DYKSTRA TITLE: VP/ASST TREAS ADDRESS: 770 BROADWAY, 4TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10003</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JIM FREELY TITLE: VICE PRESIDENT ADDRESS: 22000 AOL WAY CITY/ST/ZIP/CO: DULLES, VA 20166</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MATTHEW KELPY TITLE: VP/CONTR/TREAS ADDRESS: 22000 AOL WAY CITY/ST/ZIP/CO: DULLES, VA 20166</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JAMES LAPLAINE TITLE: VICE PRESIDENT ADDRESS: 22000 AOL WAY CITY/ST/ZIP/CO: DULLES, VA 20166</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: MICHAEL MANOS TITLE: VICE PRESIDENT ADDRESS: 22000 AOL WAY CITY/ST/ZIP/CO: DULLES, VA 20166	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MICHAEL HOWSON TITLE: ASST SECRETARY ADDRESS: 22000 AOL WAY CITY/ST/ZIP/CO: DULLES, VA 20166	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MICHAEL E. NOLAN, JR. TITLE: DIRECTOR ADDRESS: 770 BROADWAY, 4TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10003	<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/ MICHAEL HOWSON _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL HOWSON, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	11/22/2013 _____ 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.		