

1.) CORPORATION NAME:

**MFx Roanoke, Inc.**

DUE DATE: **12/31/2011**

SCC ID NO: **F1611351**

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

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 412 MOUNT KEMBLE AVE  
SUITE 200

CITY/ST/ZIP: MORRISTOWN, NJ 07960-

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:	MICHAEL WRIGHT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	412 MOUNT KEMBLE AVE		
CITY/ST/ZIP/CO:	MORRISTOWN, NJ 07960-		
NAME:	JOHN CASSIL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2850 LAKE VISTA DRIVE		
CITY/ST/ZIP/CO:	LEWISVILLE, TX 75067-		
NAME:	RAYMOND A ROY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/CHAIRMAN		
ADDRESS:	412 MOUNT KEMBLE AVE		
CITY/ST/ZIP/CO:	MORRISTOWN, NJ 07960-		
NAME:	KENNITH C JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP-CFO		
ADDRESS:	412 MOUNT KEMBLE AVE		
CITY/ST/ZIP/CO:	MORRISTOWN, NJ 07960-		
NAME:	JANET S WULSTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	412 MOUNT KEMBLE AVE SUITE 200		
CITY/ST/ZIP/CO:	MORRISTOWN, NJ 07960-		

NAME: DAVID MCDONOUGH TITLE: EXEC VP & COO ADDRESS: 412 MOUNT KEMBLE AVE SUITE 200 CITY/ST/ZIP/CO: MORRISTOWN, NJ 07960-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RONALD SCHOKKING TITLE: DIRECTOR ADDRESS: 95 WELLINGTON ST WEST CITY/ST/ZIP/CO: TORONTO, M5J2N7-, CANADA	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: LANCE CASKEY TITLE: VICE PRESIDENT ADDRESS: 2850 LAKE VISTA DRIVE CITY/ST/ZIP/CO: LEWISVILLE, VA -	<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.		
<u>/s/ JANET S WULSTER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JANET S WULSTER, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>12/12/2011</u> 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.		