

1.) CORPORATION NAME:

**MFX Roanoke, Inc.**

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1611351**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

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:	DAVID MCDONOUGH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP & COO		
ADDRESS:	412 MOUNT KEMBLE AVE SUITE 200		
CITY/ST/ZIP/CO:	MORRISTOWN, NJ 07960		

NAME:	LANCE CASKEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2850 LAKE VISTA DRIVE		
CITY/ST/ZIP/CO:	LEWISVILLE, VA		

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:	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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAYMOND A ROY CEO/CHAIRMAN 412 MOUNT KEMBLE AVE MORRISTOWN, NJ 07960	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNITH C JOHNSON SVP-CFO 412 MOUNT KEMBLE AVE MORRISTOWN, NJ 07960	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD SCHOKKING DIRECTOR 95 WELLINGTON ST WEST TORONTO,,M5J2N7,CANADA , , FN	<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/ JANET S WULSTER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JANET S WULSTER, SECRETARY PRINTED NAME AND CORPORATE TITLE	12/10/2012 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.			