

1.) CORPORATION NAME:

Coaxis, Inc.

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER
16TH FLOOR, 1111 EAST MAIN STREET

RICHMOND, VA 23219**

SCC ID NO: **F1617788**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	55,000,000
PREFER	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1515 SE WATER AVE STE 300
CITY/ST/ZIP: PORTLAND, OR 97214

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:	JAY S HALADAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	1515 SE WATER AVE STE 300		
CITY/ST/ZIP/CO:	PORTLAND, OR 97214		
NAME:	JIM PAULSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1515 SE WATER #300		
CITY/ST/ZIP/CO:	PORTLAND, OR 97214		
NAME:	BENJAMIN ERTISCHEK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1515 SE WATER AVE, #300		
CITY/ST/ZIP/CO:	PORTLAND, OR 97214		
NAME:	KENNETH L. BOYDA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1200 BARTON CREEK BLVD #58		
CITY/ST/ZIP/CO:	AUSTIN, TX 78735		
NAME:	JOHN BURTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11955 FREEDOM DR SUITE 7000		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	MILES HALADAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1515 SE WATER AVENUE SUITE 300		
CITY/ST/ZIP/CO:	PORTLAND, OR 97214		

NAME: JOHN C LEE TITLE: DIRECTOR ADDRESS: 12150 MONUMENT DR SUITE 150 CITY/ST/ZIP/CO: FAIRFAX, VA 22033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ASHU AGRAWAL TITLE: DIRECTOR ADDRESS: 64 WILLOW PLACE SUITE 100 CITY/ST/ZIP/CO: MENLO PARK, CA 94025	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HARRY TAYLOR TITLE: DIRECTOR ADDRESS: 200 CLARENDON STREET 56TH FLOOR CITY/ST/ZIP/CO: BOSTON, MA 02116	<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/ BENJAMIN ERTISCHEK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BENJAMIN ERTISCHEK, TREASURER PRINTED NAME AND CORPORATE TITLE	2/26/2013 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.		