

1.) CORPORATION NAME:

CRANIAL TECHNOLOGIES, INC.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BUSINESS FILINGS INCORPORATED
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1656927**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	5,000
COMB	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

AZ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1395 W AUTO DR

CITY/ST/ZIP: TEMPE, AZ 85284

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: CAROL ERICKSON TITLE: CEO/PRESIDENT ADDRESS: 1395 W AUTO DR CITY/ST/ZIP/CO: TEMPE, AZ 85284</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JEFFREY LIPSITZ TITLE: VICE PRESIDENT ADDRESS: 200 PARK AVE 20TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10166</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: TIMOTHY LITTLEFIELD TITLE: VICE PRESIDENT ADDRESS: 1395 W AUTO DRIVE CITY/ST/ZIP/CO: TEMPE, AZ 85284</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JEFFREY SHANNON TITLE: VICE PRESIDENT ADDRESS: 200 PARK AVE 20TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10166</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JAMES TUCKER TITLE: VICE PRESIDENT ADDRESS: 200 PARK AVE 20TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10166</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: EMILY PROUGH TITLE: OTHER OFFICER ADDRESS: 1395 W AUTO DRIVE CITY/ST/ZIP/CO: TEMPE, AZ 85284</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: JEANNE K HERTZ TITLE: DIRECTOR ADDRESS: 1395 W AUTO DR CITY/ST/ZIP/CO: TEMPE, AZ 85284	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEFFREY LIPSITZ TITLE: DIRECTOR ADDRESS: 200 PARK AVE 20TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10166	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEFFREY SHANNON TITLE: DIRECTOR ADDRESS: 200 PARK AVE 20TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10166	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES TUCKER TITLE: DIRECTOR ADDRESS: 200 PARK AVE 20TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10166	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Mark Thomas TITLE: CFO ADDRESS: 1395 W Auto Drive CITY/ST/ZIP/CO: Tempe, AZ 85284	<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.		
/s/ CAROL ERICKSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CAROL ERICKSON, CEO/PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/25/2014 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.		