

1.) CORPORATION NAME:

**BridgeCom Solutions Group, Inc.**

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1687625**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 800 WESTCHESTER AVENUE  
STE N501

CITY/ST/ZIP: RYE BROOK, NY 10573

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 K ROBINSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	800 WESTCHESTER AVE STE N501		
CITY/ST/ZIP/CO:	RYE BROOK, NY 10573		
NAME:	CHARLES HUNTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	800 WESTCHESTER AVE STE 501N		
CITY/ST/ZIP/CO:	RYE BROOK, NY 10573		
NAME:	Jeffrey A Brodsky	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 WESTCHESTER AVE STE 501N		
CITY/ST/ZIP/CO:	RYE BROOK, NY 10573		
NAME:	James V Continenza	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 WESTCHESTER AVE STE 501N		
CITY/ST/ZIP/CO:	RYE BROOK, NY 10573		
NAME:	John R Brecker	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 WESTCHESTER AVE STE 501N		
CITY/ST/ZIP/CO:	RYE BROOK, NY 10573		
NAME:	Anthony M Abate	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 westchester Ave. STE N501		
CITY/ST/ZIP/CO:	Rye Brook, NY 10573		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Richard J Santagati DIRECTOR 800 Westchester Ave. STE N501 Rye Brook, NY 10573	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James N Chapman DIRECTOR 800 Westchester Ave. STE N501 Rye Brook, NY 10573	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael K Robinson DIRECTOR 800 Westchester Ave. STE N501 Rye Brook, NY 10573	<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/ CHARLES HUNTER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLES HUNTER, SECRETARY PRINTED NAME AND CORPORATE TITLE	5/20/2013 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.			