

1.) CORPORATION NAME:

**Factiva, Inc.**

DUE DATE: **1/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1695347**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	600
COMB	450
PREFA	50

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1211 AVENUE OF THE AMERICAS  
7TH FLOOR LEGAL DEPT.

CITY/ST/ZIP: NEW YORK, NY 10036

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:	WILLIAM LEWIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1211 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		
NAME:	MARK H. JACKSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	GC & EXEC VP		
ADDRESS:	1211 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		
NAME:	ERIC MANDRACKIE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4300 US ROUTE 1 NORTH		
CITY/ST/ZIP/CO:	MONMOUTH JUNCTION, NJ 08852		
NAME:	BETTY MARCELINO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4300 US ROUTE 1 NORTH		
CITY/ST/ZIP/CO:	MONMOUTH JUNCTION, NJ 08852		
NAME:	PAUL SCHMIDT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4300 US ROUTE 1 NORTH		
CITY/ST/ZIP/CO:	MONMOUTH JUNCTION, NJ 08852		
NAME:	MICHAEL BUNDER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1211 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		

NAME: KEYSHA MCNEIL TITLE: ASST SECRETARY ADDRESS: 1211 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10036	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: ANNA SEDGLEY TITLE: EVP & CFO ADDRESS: 1211 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10036	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ KEYSHA MCNEIL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KEYSHA MCNEIL, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	12/23/2014 DATE
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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.