

1.) CORPORATION NAME:

airBand Communications, 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: **F1711268**

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: 4701 COX ROAD SUITE 301

CITY/ST/ZIP: GLEN ALLEN, VA 23060-6802

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 S. RULEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	C/O AIRBAND COMMUNICATIONS, INC		
CITY/ST/ZIP/CO:	3202 KELLER SPRINGS, STE 108 CARROLLTON, TX 75006		
NAME:	TIM KINNEAR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	C/O AIRBAND COMMUNICATIONS INC.		
CITY/ST/ZIP/CO:	3220 KELLER SPRINGS, STE 108 CARROLLTON, TX 75006		
NAME:	JIM AKERHELM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	504 SPAULDING FARM ROAD		
CITY/ST/ZIP/CO:	GREENVILLE, SC 29615		
NAME:	STEVE HOOPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11400 SE 6TH ST, STE100		
CITY/ST/ZIP/CO:	BELLEVUE, WA 98004		
NAME:	NICOLAS MASSARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 HUNTINGTON AVE, 30TH FLOOR		
CITY/ST/ZIP/CO:	BOSTON, MA 02199		
NAME:	MIKAL THOMSEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 53010		
CITY/ST/ZIP/CO:	BELLEVUE, WA 98015		

NAME:	SAL TIRABASSI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	75 STATE ST		
	#500		
CITY/ST/ZIP/CO:	BOSTON, MA 02109		

NAME:	JOHN WARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10 POST OFFICE SQUARE		
	8TH FL, S		
CITY/ST/ZIP/CO:	BOSTON, MA 02109		

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/ MICHAEL S. RULEY	MICHAEL S. RULEY, PRES/CEO	5/6/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.