

1.) CORPORATION NAME:

**Mirixa Corporation**

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1715848**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	15,300,000
COMB	2,700,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11600 SUNRISE VALLEY DRIVE  
SUITE #100

CITY/ST/ZIP: RESTON, VA 20191

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:	KAREN LITSINGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	11600 SUNRISE VALLEY DR SUITE 100		
CITY/ST/ZIP/CO:	RESTON, VA 20191		
NAME:	SHERRY MARSALA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	11600 SUNRISE VALLEY DR SUITE 100		
CITY/ST/ZIP/CO:	RESTON, VA 20191		
NAME:	HUGH CHANCY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11600 SUNRISE VALLEY DRIVE #100		
CITY/ST/ZIP/CO:	RESTON, VA 20191		
NAME:	DAVID EHRHARDT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11600 SUNRISE VALLEY DR #100		
CITY/ST/ZIP/CO:	RESTON, VA 20191		
NAME:	HOLLY HENRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11600 SUNRISE VALLEY DR #100		
CITY/ST/ZIP/CO:	RESTON, VA 20191		
NAME:	DOUG HOEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11600 SUNRISE VALLEY DR SUITE 100		
CITY/ST/ZIP/CO:	RESTON, VA 20191		

NAME: JENNY MORGAN TITLE: DIRECTOR ADDRESS: 11600 SUNRISE VALLEY DR #100 CITY/ST/ZIP/CO: RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ROBERT NARVESON TITLE: DIRECTOR ADDRESS: 11600 SUNRISE VALLEY DR CITY/ST/ZIP/CO: RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" 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/ SHERRY MARSALA	SHERRY MARSALA, TREASURER	6/18/2014
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.