

1.) CORPORATION NAME:

OPOWER, INC.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1716572**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	62,000,000
PREFER	19,428,252
OTH	3,600,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1515 N COURTHOUSE ROAD
8TH FLOOR

CITY/ST/ZIP: ARLINGTON, VA 22201

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:	ALEXANDER LASKEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES		
ADDRESS:	1515 N COURTHOUSE ROAD		
	8TH FLOOR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	DANIEL YATES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	1515 N COURTHOUSE ROAD		
	8TH FLOOR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	THOMAS KRAMER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	1515 N COURTHOUSE ROAD		
	8TH FLOOR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	GENE RIECHERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1515 N COURTHOUSE		
	8TH FLOOR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	JON SAKODA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5425 WISCONSIN AVENUE		
	#800		
CITY/ST/ZIP/CO:	CHEVY CHASE, MD 20815		

NAME: Michael Sachse TITLE: SECRETARY ADDRESS: 1515 N Courthouse Rd Suite 800 CITY/ST/ZIP/CO: Arlington, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Harry Weller TITLE: DIRECTOR ADDRESS: 5425 Wisconsin Ave Suite 800 CITY/ST/ZIP/CO: Chevy Chase, MD 20185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Dipchand Nishar TITLE: DIRECTOR ADDRESS: 1515 N Courthouse Rd Suite 800 CITY/ST/ZIP/CO: Arlington, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Marcus Ryu TITLE: DIRECTOR ADDRESS: 1001 E. Hillside Blvd. Suite 800 CITY/ST/ZIP/CO: Foster City , CA 94404	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Mark McLaughlin TITLE: DIRECTOR ADDRESS: 4401 Great America Parkway CITY/ST/ZIP/CO: Santa Clara, CA 95054	<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/ Michael Sachse SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Michael Sachse, SECRETARY PRINTED NAME AND CORPORATE TITLE	11/27/2013 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.		