

1.) CORPORATION NAME:

OPOWER, INC.

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

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	500,000,000
PREFER	25,000,000

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:	PRESIDENT		
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:	MICHAEL SACHSE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1515 N COURTHOUSE RD SUITE 800		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	MARK MCLAUGHLIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 GREAT AMERICA PARKWAY		
CITY/ST/ZIP/CO:	SANTA CLARA, CA 95054		

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: GENE RIECHERS TITLE: DIRECTOR ADDRESS: 1515 N COURTHOUSE CITY/ST/ZIP/CO: 8TH FLOOR ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARCUS RYU TITLE: DIRECTOR ADDRESS: 1001 E. HILLSDALE BLVD. CITY/ST/ZIP/CO: SUITE 800 FOSTER CITY, CA 94404	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JON SAKODA TITLE: DIRECTOR ADDRESS: 5425 WISCONSIN AVENUE CITY/ST/ZIP/CO: #800 CHEVY CHASE, MD 20815	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: HARRY WELLER TITLE: DIRECTOR ADDRESS: 5425 WISCONSIN AVE CITY/ST/ZIP/CO: SUITE 800 CHEVY CHASE, MD 20185	<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	7/31/2014 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.		