

1.) CORPORATION NAME: ESN INSURANCE SERVICES NETWORK, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCORP SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA	DUE DATE: 7/31/2014 SCC ID NO: F1761677 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100,000
CLASS	AUTHORIZED				
COMMON	100,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: CA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1525 FARADAY AVE STE 140 CITY/ST/ZIP: CARLSBAD, CA 92008	
---	--

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: JEFFREY S BERSON TITLE: OFFICERS/PRES ADDRESS: 1525 FARADAY AVE STE 140 CITY/ST/ZIP/CO: CARLSBAD, CA 92008	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: STEPHEN LOCKO TITLE: OFFICER ADDRESS: 1525 FARADAY AVE STE 140 CITY/ST/ZIP/CO: CARLSBAD, CA 92008	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: BRIDGETTE SALEEBY TITLE: DIRECTOR ADDRESS: 1510 TIERRA DEL CIELO CITY/ST/ZIP/CO: VISTA, CA 92008	<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/ BRIDGETTE SALEEBY	BRIDGETTE SALEEBY, DIRECTOR	7/18/2014
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.