

1.) CORPORATION NAME:

**CBI Research, Inc.**

DUE DATE: **7/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1761990**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,400,000
PREFER	300,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 600 UNICORN PARK DRIVE

CITY/ST/ZIP: WOBURN, MA 01801

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:	THEODORE ALPERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CFO/S/ASST T		
ADDRESS:	2501 COLORADO AVENUE		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90404		
NAME:	WARD HEWINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	600 UNICORN PARK DRIVE SUITE 400		
CITY/ST/ZIP/CO:	WOBURN, MA 01801		
NAME:	JOSEPH LOGGIA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	2501 COLORADO AVENUE		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90404		
NAME:	SCOTT TROELLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	350 PARK AVENUE PLAZA 55 EAST 52ND STREET, 33RD FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10055		
NAME:	CHRISTOPHER RUSSELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	350 PARK AVENUE PLAZA 55 EAST 52ND STREET, 33RD FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10055		
NAME:	JEFFREY STEVENSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	350 PARK AVENUE PLAZA 55 EAST 52ND STREET, 33RD FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10055		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDSAY CREEDON DIRECTOR 505 FIFTH AVENUE 17TH FLOOR NEW YORK, NY 10017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALVARO AGUIRRE DIRECTOR PO BOX 9620 RANCHO SANTA FE, CA 92067	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DARRYL SCHALL DIRECTOR 2000 AVENUE OF THE STARS 12TH FLOOR LOS ANGELES, CA 90067	<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/ THEODORE ALPERT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THEODORE ALPERT, VP/CFO/S/ASST T PRINTED NAME AND CORPORATE TITLE	5/3/2012 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.			