

1.) CORPORATION NAME:

CBI Research, Inc.

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: **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: ADELE HARTWICK TITLE: TREASURER ADDRESS: 131 WEST FIRST STREET CITY/ST/ZIP/CO: DULUTH, MN 55802	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOSEPH LOGGIA TITLE: CEO ADDRESS: 2501 COLORADO AVENUE CITY/ST/ZIP/CO: SANTA MONICA, CA 90404	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL BERNSTEIN TITLE: SECRETARY ADDRESS: 2501 COLORADO AVE SUITE 280 CITY/ST/ZIP/CO: SANTA MONICA, CA 90404	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ALVARO AGUIRRE TITLE: DIRECTOR ADDRESS: PO BOX 9620 CITY/ST/ZIP/CO: RANCHO SANTA FE, CA 92067	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LINDSAY CREEDON TITLE: DIRECTOR ADDRESS: 505 FIFTH AVENUE 17TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER RUSSELL TITLE: DIRECTOR ADDRESS: 350 PARK AVENUE PLAZA 55 EAST 52ND STREET, 33RD FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10055	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	DARRYL SCHALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2000 AVENUE OF THE STARS 12TH FLOOR		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90067		

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		

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.

<u>/s/ MICHAEL BERNSTEIN</u>	<u>MICHAEL BERNSTEIN,</u>	<u>7/31/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.