

1.) CORPORATION NAME:

Electronic Message Solutions, Inc.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**INCORP SERVICES, INC.
7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA 23111**

SCC ID NO: **F1775891**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12021 SUNSET HILLS ROAD
SUITE 100

CITY/ST/ZIP: RESTON, VA 20190

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: BRIAN OLIVER TITLE: CEO ADDRESS: 12021 SUNSET HILLS ROAD SUITE 100 CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: MATTHEW LEVINE TITLE: VP & ASST TREAS ADDRESS: 12021 SUNSET HILLS ROAD SUITE 100 CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ERIC L. SCHONDORF TITLE: VP & ASST SECRE ADDRESS: 12021 SUNSET HILLS ROAD SUITE 100 CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TERESA L. RIDGEWAY TITLE: SECRETARY ADDRESS: 2609 CAMERON STREET CITY/ST/ZIP/CO: MOBILE, AL 36607	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: STEVE YOW TITLE: TREASURER ADDRESS: 2609 CAMERON STREET CITY/ST/ZIP/CO: MOBILE, AL 36607	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: PAUL ROSSETTI TITLE: CHAIRMAN ADDRESS: 12021 SUNSET HILLS ROAD SUITE 100 CITY/ST/ZIP/CO: RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: KEVIN PENN TITLE: DIRECTOR ADDRESS: 12021 SUNSET HILLS ROAD SUITE 100 CITY/ST/ZIP/CO: RESTON, VA 20190	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BLAIR LEVIN TITLE: DIRECTOR ADDRESS: 12021 SUNSET HILLS ROAD SUITE 100 CITY/ST/ZIP/CO: RESTON, VA 20190	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JEFFREY B HAIDINGER TITLE: PRESIDENT ADDRESS: 12021 SUNSET HILLS ROAD SUITE 100 CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER <input 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/ TERESA L. RIDGEWAY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TERESA L. RIDGEWAY, SECRETARY PRINTED NAME AND CORPORATE TITLE	11/16/2012 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.		