

SCC eFile
(6/10)

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212502895

1.) CORPORATION NAME:

GSI Commerce Solutions, Inc.

DUE DATE: **1/31/2012**

SCC ID NO: **F1777525**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS, INC.

4001 NORTH NINTH STREET

SUITE 227

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

ARLINGTON, VA 22203

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 935 FIRST AVENUE

CITY/ST/ZIP: KING OF PRUSSIA, PA 19406-

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.

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	PAUL D. CATALDO			
TITLE:	SECRETARY			
ADDRESS:	935 FIRST AVENUE			
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	SCOTT ROSENBERG			
TITLE:	CFO			
ADDRESS:	935 FIRST AVENUE			
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	CHRISTOPHER SARIDAKIS			
TITLE:	PRESIDENT			
ADDRESS:	935 FIRST AVENUE			
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	ANTHONY GLASBY			
TITLE:	TREASURER			
ADDRESS:	2145 HAMILTON AVENUE			
CITY/ST/ZIP/CO:	SAN JOSE, CA 95125-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	KATHRYN HALL			
TITLE:	ASST SECRETARY			
ADDRESS:	2145 HAMILTON AVENUE			
CITY/ST/ZIP/CO:	SAN JOSE, CA 95125-			

NAME: BRIAN LEVEY TITLE: ASST SECRETARY ADDRESS: 2145 HAMILTON AVENUE CITY/ST/ZIP/CO: SAN JOSE, CA 95125-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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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/ KATHRYN HALL _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KATHRYN HALL, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	1/20/2012 _____ DATE
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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.