

1.) CORPORATION NAME:

**U.S. Auto Parts Network, Inc.**

DUE DATE: **3/31/2012**

SCC ID NO: **F1782954**

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

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
PREFER	100,000,000

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 16941 KEEGAN AVE

CITY/ST/ZIP: CARSON, CA 90746-

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: DAVID ROBSON TITLE: CFO ADDRESS: 16941 KEEGAN AVE CITY/ST/ZIP/CO: CARSON, CA 90746-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SHANE EVANGELIST TITLE: CEO ADDRESS: 16941 KEEGAN AVE CITY/ST/ZIP/CO: CARSON, CA 90746-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOSH BERMAN TITLE: DIRECTOR ADDRESS: 16941 KEEGAN AVE CITY/ST/ZIP/CO: CARSON, CA 90746-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT J MAJTELES TITLE: DIRECTOR ADDRESS: 16941 KEEGAN AVE CITY/ST/ZIP/CO: CARSON, CA 90746-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FREDRIC HARMAN TITLE: DIRECTOR ADDRESS: 16941 KEEGAN AVE CITY/ST/ZIP/CO: CARSON, CA 90746-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SOL KHAZANI DIRECTOR 16941 KEEGAN AVE CARSON, CA 90746-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WARREN PHELPS III DIRECTOR 16941 KEEGAN AVE CARSON, CA 90746-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELLEN SIMINOFF DIRECTOR 16941 KEEGAN AVE CARSON, CA 90746-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AARON COLEMAN COO 16941 KEEGAN AVE CARSON, CA 90746-	<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/ DAVID ROBSON	DAVID ROBSON, CFO	3/7/2012
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.