

1.) CORPORATION NAME:

DUE DATE: **3/31/2013**

Innolog Holdings Corporation

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1785171**

**FRED GUMBINNER
4000 LEGATO RD STE 830
FAIRFAX, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NV

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4000 LEGATO RD
STE 830

CITY/ST/ZIP: FAIRFAX, VA 22033

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:	MICHAEL KANE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEC/TREAS		
ADDRESS:	4000 LEGATO ROAD		
CITY/ST/ZIP/CO:	STE 830 FAIRFAX, VA 22033		
NAME:	WILLIAM DANIELCZYK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC CHAIR		
ADDRESS:	4000 LEGATO RD, STE 830		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	STEPHEN MOSES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4000 LEGATO ROAD		
CITY/ST/ZIP/CO:	STE 830 FAIRFAX, VA 22033		
NAME:	IAN REYNOLDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4000 LEGATO ROAD		
CITY/ST/ZIP/CO:	STE 830 FAIRFAX, VA 22033		
NAME:	BRUCE RIDDLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4000 LEGATO ROAD		
CITY/ST/ZIP/CO:	STE 830 FAIRFAX, VA 22033		

NAME: ERICH WINKLER TITLE: DIRECTOR ADDRESS: 4000 LEGATO ROAD STE 830 CITY/ST/ZIP/CO: FAIRFAX, VA 22033	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ERIC WAGNER TITLE: CFO ADDRESS: 4000 LEGATO ROAD STE 830 CITY/ST/ZIP/CO: FAIRFAX, VA 22033	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: RICHARD STEWART TITLE: SVP ADDRESS: 4000 LEGATO ROAD STE 830 CITY/ST/ZIP/CO: FAIRFAX, VA 22033	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: FRED GUMBINNER TITLE: ASST SECY ADDRESS: 4000 LEGATO ROAD STE 830 CITY/ST/ZIP/CO: FAIRFAX, VA 22033	<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/ MICHAEL KANE	MICHAEL KANE, SEC/TREAS	3/29/2013		
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.				