

1.) CORPORATION NAME: <b>Atrion Networking Corporation</b>	DUE DATE: <b>4/30/2014</b>						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</b>	SCC ID NO: <b>F1785338</b>						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMV</td> <td style="text-align: right;">7,880,000</td> </tr> <tr> <td>COMNV</td> <td style="text-align: right;">1,120,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMV	7,880,000	COMNV	1,120,000
CLASS	AUTHORIZED						
COMV	7,880,000						
COMNV	1,120,000						
4.) STATE OR COUNTRY OF INCORPORATION: <b>RI</b>							

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 125 METRO CENTER BLVD.  
SUITE #2000

CITY/ST/ZIP: WARWICK, RI 02886

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: OSCAR T HEBERT TITLE: PRESIDENT ADDRESS: 30 SERVICE AVE CITY/ST/ZIP/CO: WARWICK, RI 02886	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: MARIANNE CASERTA TITLE: TREA ADDRESS: 30 SERVICE AVE CITY/ST/ZIP/CO: WARWICK, RI 02886	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: PAUL CRONIN TITLE: SECRE ADDRESS: 30 SERVICE AVE CITY/ST/ZIP/CO: WARWICK, RI 02886	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: CHARLES L NAULT TITLE: DIRECTOR ADDRESS: 30 SERVICE AVE CITY/ST/ZIP/CO: WARWICK, RI 02886	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: MIGUEL REY TITLE: DIRECTOR ADDRESS: 30 SERVICE AVE CITY/ST/ZIP/CO: WARWICK, RI 02886	<input type="checkbox"/> OFFICER	<input checked="" 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/ MARIANNE CASERTA	MARIANNE CASERTA, TREA	4/29/2014
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.