

1.) CORPORATION NAME:

Broadview Networks Holdings, Inc.

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1789355**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 800 WESTCHESTER AVENUE STE N501

CITY/ST/ZIP: RYE BROOK, NY 10573

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 K ROBINSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	8500 WESTCHESTER AVENUE STE N501		
CITY/ST/ZIP/CO:	RYE BROOK, NY 10573		
NAME:	CHARLES C HUNTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	800 WETSCHESTER AVENUE STE N501		
CITY/ST/ZIP/CO:	RYE BROOK, NY 10573		
NAME:	COREY RINKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	800 WESTCHESTER AVENUE STE N501		
CITY/ST/ZIP/CO:	RYE BROOK, NY 10573		
NAME:	Jeffrey A. Brodsky	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 WESTCHESTER AVENUE STE N501		
CITY/ST/ZIP/CO:	RYE BROOK, NY 10573		
NAME:	James V. Continenza	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 WESTCHESTER AVENUE STE N501		
CITY/ST/ZIP/CO:	RYE BROOK, NY 10573		
NAME:	John R. Brecker	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 Westchester Ave. STE N501		
CITY/ST/ZIP/CO:	Rye Brook, NY 10573		

NAME: Anthony M. Abate TITLE: DIRECTOR ADDRESS: 800 Westchester Ave. STE N501 CITY/ST/ZIP/CO: Rye Brook, NY 10573	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Richard J. Santagati TITLE: DIRECTOR ADDRESS: 800 Westchester Ave. STE N501 CITY/ST/ZIP/CO: Rye Brook, NY 10573	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: James N. Chapman TITLE: DIRECTOR ADDRESS: 800 Westchester Ave. STE N501 CITY/ST/ZIP/CO: Rye Brook, NY 10573	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Michael K. Robinson TITLE: DIRECTOR ADDRESS: 800 Westchester Ave. STE N501 CITY/ST/ZIP/CO: Rye Brook, NY 10573	<input type="checkbox"/> OFFICER <input checked="" 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/ CHARLES C HUNTER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLES C HUNTER, SECRETARY PRINTED NAME AND CORPORATE TITLE
4/9/2013 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.	