

1.) CORPORATION NAME:

**Lytix, Inc.**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1821125**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	105,000,000
PREFER	45,650,289

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8911 BALBOA AVE SUITE 200

CITY/ST/ZIP: SAN DIEGO, CA 92123

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:	SHELLEY BENNETT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	8911 BALBOA AVENUE		
CITY/ST/ZIP/CO:	STE 200 SAN DIEGO, CA 92123		
NAME:	PETER ARROWSMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12680 HIGH BLUFF DRIVE		
CITY/ST/ZIP/CO:	STE 200 SAN DIEGO, CA 92130		
NAME:	DOUG CARLISLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3000 SAND HILL RD		
CITY/ST/ZIP/CO:	BLDG 4 STE 900 MENLO PARK, CA 94025		
NAME:	MIKE DONOVAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	320 PARK AVENUE		
CITY/ST/ZIP/CO:	25TH FLR NEW YORK, NY 10022		
NAME:	LARRY HANDEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	680 5TH AVENUE., 8TH FLR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	JUSTIN JASCHKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5616 SO IVY COURT		
CITY/ST/ZIP/CO:	GREENWOOD VILLAGE, CO 80111		

NAME: TOM LAFLEUR TITLE: DIRECTOR ADDRESS: 8911 BALBOA AVENUE STE 200 CITY/ST/ZIP/CO: SAN DIEGO, CA 92123	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MIKE MORGAN TITLE: DIRECTOR ADDRESS: 590 FOREST AVENUE CITY/ST/ZIP/CO: PALO ALTO, CA 93921	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRANDON NIXON TITLE: DIRECTOR ADDRESS: 8911 BALBOA AVENUE STE 200 CITY/ST/ZIP/CO: SAN DIEGO, CA 92123	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TONY DE NICOLA TITLE: DIRECTOR ADDRESS: 320 PARK AVENUE 25TH FLR CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TOM DARCY TITLE: DIRECTOR ADDRESS: 8911 BALBOA AVENUE STE 200 CITY/ST/ZIP/CO: SAN DIEGO, CA 92123	<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/ SHELLEY BENNETT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHELLEY BENNETT, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/7/2014 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.		