

1.) CORPORATION NAME:

**WHITE OAK TECHNOLOGIES, INC.**

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER, 16TH FLOOR  
1111 EAST MAIN STREET**

SCC ID NO: **F1841016**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	12,000,000
COMNV	3,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MD**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1300 SPRING STREET, SUITE 320

CITY/ST/ZIP: SILVER SPRING, MD 20910

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID WODLINGER	
TITLE:	VICE PRESIDENT	
ADDRESS:	1300 SPRING ST SUITE 320	
CITY/ST/ZIP/CO:	SILVER SPRING, MD 20910	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ALAN J BRODER	
TITLE:	CHAIRMAN	
ADDRESS:	1300 SPRING ST SUITE 320	
CITY/ST/ZIP/CO:	SILVER SPRING, MD 20910	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JEFFREY FREED	
TITLE:	DIRECTOR	
ADDRESS:	1300 SPRING ST.	
	SUITE 320	
CITY/ST/ZIP/CO:	SILVER SPRING, VA 20910	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT GELBARD	
TITLE:	DIRECTOR	
ADDRESS:	1300 SPRING ST.	
	SUITE 320	
CITY/ST/ZIP/CO:	SILVER SPRING, MD 20910	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL LUSTBADER	
TITLE:	VICE PRESIDENT	
ADDRESS:	1300 SPRING ST SUITE 320	
CITY/ST/ZIP/CO:	SILVER SPRINGS, MD 20910	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Scott Gessay	
TITLE:	PRESIDENT	
ADDRESS:	1300 SPRING ST SUITE 320	
CITY/ST/ZIP/CO:	Silver Spring, MD 20910	

NAME: Peter LaMontagne TITLE: CEO ADDRESS: 1300 SPRING ST SUITE 320 CITY/ST/ZIP/CO: Silver Spring, MD 20910	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Richard Sawchak TITLE: CFO ADDRESS: 1300 SPRING ST SUITE 320 CITY/ST/ZIP/CO: Silver Spring, MD 20910	<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/ Peter LaMontagne	Peter LaMontagne, CEO	1/10/2013
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.