

1.) CORPORATION NAME:

Novetta, Inc.

DUE DATE: **11/30/2013**

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

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: 7921 JONES BRANCH DRIVE
SUITE 400

CITY/ST/ZIP: MCLEAN, VA 22102

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:	SCOTT GESSAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	7921 JONES BRANCH DRIVE		
	SUITE 400		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME:	MICHAEL LUSTBADER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7921 JONES BRANCH DRIVE		
	SUITE 400		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME:	DAVID WODLINGER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7921 JONES BRANCH DRIVE		
	SUITE 400		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME:	ALAN J BRODER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7921 JONES BRANCH DRIVE		
	SUITE 400		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME:	PETER LAMONTAGNE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	7921 JONES BRANCH DRIVE		
	SUITE 400		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD SAWCHAK CFO 7921 JONES BRANCH DRIVE SUITE 400 MCLEAN, VA 22102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY FREED DIRECTOR 7921 JONES BRANCH DRIVE SUITE 400 MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT GELBARD DIRECTOR 7921 JONES BRANCH DRIVE SUITE 400 MCLEAN, VA 22102	<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/ RICHARD SAWCHAK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD SAWCHAK, CFO PRINTED NAME AND CORPORATE TITLE	12/2/2013 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.			