

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213561572

1.) CORPORATION NAME:

DUE DATE: **1/31/2013**

Counter Tack Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1849381**

**REGISTERED AGENT SOLUTIONS INC
7288 HANOVER GREEN DR
MECHANICSVILLE, VA 23111**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000,000
PREFER	50,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 303 WYMAN STREET
STE 300

CITY/ST/ZIP: WALTHAM, MA 02451

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:	NEAL CREIGHTON	
TITLE:	PRESIDENT/CEO	
ADDRESS:	303 WYMAN STREET	
	STE 300	
CITY/ST/ZIP/CO:	WALTHAM, MA 02451	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JIM HARRISON	
TITLE:	CFO	
ADDRESS:	303 WYMAN STREET	
	STE 300	
CITY/ST/ZIP/CO:	WALTHAM, MA 02451	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHRISTOPHER BOIES	
TITLE:	DIRECTOR	
ADDRESS:	575 LEXINGTON AVENUE	
	7TH FLOOR	
CITY/ST/ZIP/CO:	NEW YORK, NY 10022	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ALEN CAPALIK	
TITLE:	DIRECTOR	
ADDRESS:	17020 W SUNSET BLVD	
	APT 6	
CITY/ST/ZIP/CO:	PACIFIC PALISADES, CA 90272	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ALEXANDER DOLL	
TITLE:	DIRECTOR	
ADDRESS:	709 HURLINGHAM AVENUE	
CITY/ST/ZIP/CO:	SAN MATEO, CA 90272	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM J FALLON DIRECTOR 1901 N. BEAUREGARD ST. STE 380 ALEXANDRIA, VA 22311	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK HATFIELD DIRECTOR ONE HAMPSHIRE STREET SUITE 7R CAMBRIDGE, MA 02139	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STUART MCCLURE DIRECTOR 1866 PORT TAGGART NEWPORT BEACH, CA 92660	<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/ NEAL CREIGHTON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NEAL CREIGHTON, PRESIDENT/CEO PRINTED NAME AND CORPORATE TITLE	3/15/2013 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.			