

1.) CORPORATION NAME: CARAHSOFT TECHNOLOGY CORP. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CRAIG P ABOD 11302 LINKS COURT RESTON, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: MD	DUE DATE: 7/31/2015 SCC ID NO: F1865981 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1860 MICHAEL FARADAY DRIVE SUITE 100 CITY/ST/ZIP: RESTON, VA 20190
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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: CRAIG ABOD TITLE: PRES/DIR ADDRESS: 12369 SUNRISE VALLEY DR STE D-2 CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ROBERT MOORE TITLE: VP/DIR ADDRESS: 12369 SUNRISE VALLEY DR STE D-2 CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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/ CRAIG ABOD	CRAIG ABOD, PRES/DIR	8/20/2015
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.