

1.) CORPORATION NAME:

EdgeConneX, Inc.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**EDMUND WILSON
520 HERNDON PKWY STE D
HERNDON, VA 20170**

SCC ID NO: **F1867888**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|-------|------------|
| COMA | 14,000,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 520 Herndon Parkway
Suite D

CITY/ST/ZIP: Herndon, VA 20170

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: | RANDY BROUCKMAN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CEO, PRESIDENT | | |
| ADDRESS: | 520 HERNDON PARKWAY SUITE D HERNDON, VA 20170 | | |
| CITY/ST/ZIP/CO: | | | |
| NAME: | EDMUND WILSON | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | COO, SECY | | |
| ADDRESS: | 520 HERNDON PARKWAY SUITE D HERNDON, VA 20170 | | |
| CITY/ST/ZIP/CO: | | | |
| NAME: | John Burke | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 520 Herndon Parkway Suite D Herndon, VA 20170 | | |
| CITY/ST/ZIP/CO: | | | |
| NAME: | Joseph Harar | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 520 Herndon Parkway Suite D Herndon, VA 20170 | | |
| CITY/ST/ZIP/CO: | | | |
| NAME: | David Zilberman | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 520 Herndon Parkway Suite D Herndon, VA 20170 | | |
| CITY/ST/ZIP/CO: | | | |

| | | | |
|-----------------|--------------------------------|----------------------------------|--|
| NAME: | David Solomon | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 520 Herndon Parkway Suite D | | |
| CITY/ST/ZIP/CO: | Herndon, VA 20170 | | |

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/ EDMUND WILSON | EDMUND WILSON, COO, SECY | 5/14/2012 |
| 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.