

1.) CORPORATION NAME:

Center for Safe Internet Pharmacies Ltd.

DUE DATE: **9/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1874819**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4501 CROSS VALLEY RUN

CITY/ST/ZIP: AUSTIN, TX 78731

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:	DAVID MOORE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	18850 N 56TH ST		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85054		
NAME:	ADAM BAREA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CO-CHAIR		
ADDRESS:	1600 AMPHITHEATRE PKWY		
CITY/ST/ZIP/CO:	MOUNTAIN VIEW, CA 94043		
NAME:	WILLIAM HAYDEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CO CHAIR		
ADDRESS:	1 MICROSOFT WAY		
CITY/ST/ZIP/CO:	REDMOND, WA 98052		
NAME:	STATTON HAMMOCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	5808 LAKE WASHINGTON BLVD		
CITY/ST/ZIP/CO:	KIRKLAND, WA 98033		
NAME:	RICK DANIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1201 3RD AVE		
CITY/ST/ZIP/CO:	STE 4900 SEATTLE, WA 98101		
NAME:	SARAH DUMONT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1201 3RD AVE		
CITY/ST/ZIP/CO:	STE 4900 SEATTLE, WA 98101		

NAME: MARTHA JOHNSTON TITLE: DIRECTOR ADDRESS: 1201 3RD AVE STE 4900 CITY/ST/ZIP/CO: SEATTLE, WA 98101	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ANTONELLA PIANALTO TITLE: DIRECTOR ADDRESS: 1201 3RD AVE STE 4900 CITY/ST/ZIP/CO: SEATTLE, WA 98101	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN CATHEY ROBERT TITLE: DIRECTOR ADDRESS: 1201 3RD AVE STE 4900 CITY/ST/ZIP/CO: SEATTLE, WA 98101	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARIE RUSSO TITLE: DIRECTOR ADDRESS: 1201 3RD AVE STE 4900 CITY/ST/ZIP/CO: SEATTLE, WA 98101	<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/ DAVID MOORE	DAVID MOORE, TREASURER	9/22/2015
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.		