

1.) CORPORATION NAME:

Castlight Health, Inc.

DUE DATE: **4/30/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CTR
1111 E MAIN ST 16TH FL**

SCC ID NO: **F1892852**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	70,000,000
COMB	70,000,000
PREFA	8,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 121 SPEAR ST
SUITE 300

CITY/ST/ZIP: SAN FRANCISCO, CA 94105

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:	GIOVANNI COLELLA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/PRESIDENT		
ADDRESS:	121 SPEAR ST		
	SUITE 300		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

NAME:	JOHN DOYLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/S/T/VP		
ADDRESS:	121 SPEAR ST		
	SUITE 300		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

NAME:	RANDY WOMACK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	121 SPEAR ST		
	SUITE 300		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

NAME:	RANDY WOMACK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO/ASST. TREAS		
ADDRESS:	121 SPEAR ST		
	SUITE 300		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

NAME:	ANNIE LAMONT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	121 SPEAR ST		
	SUITE 300		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

NAME:	BRYAN ROBERTS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	121 SPEAR ST		
	SUITE 300		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

NAME:	DAVID SINGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	121 SPEAR ST		
	SUITE 300		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

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/ JOHN DOYLE	JOHN DOYLE, CFO/S/T/VP	4/26/2016
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.