

1.) CORPORATION NAME:

Centripetal Networks, Inc.

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JONATHAN ROGERS
2214 ROCK HILL RD STE 120
HERNDON, VA**

SCC ID NO: **F1896309**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11720 Sunrise Valley Dr.
Suite 100

CITY/ST/ZIP: Reston, VA 20191

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 type="checkbox"/> DIRECTOR
NAME:	JONATHAN ROGERS	
TITLE:	CFO	
ADDRESS:	CENTRIPETAL NETWORKS 11720 Sunrise Valley Dr Suite 100	
CITY/ST/ZIP/CO:	RESTON, VA 20191	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Steven Rogers	
TITLE:	PRESIDENT	
ADDRESS:	11720 Sunrise Valley Dr Suite 100	
CITY/ST/ZIP/CO:	Reston, VA 20191	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Sean Moore	
TITLE:	CTO	
ADDRESS:	11720 Sunrise Valley Dr Suite 100	
CITY/ST/ZIP/CO:	Reston, VA 20191	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Pierre Mallett	
TITLE:	VICE PRESIDENT	
ADDRESS:	11720 Sunrise Valley Dr Suite 100	
CITY/ST/ZIP/CO:	Reston, VA 20191	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Neel Price	
TITLE:	VICE PRESIDENT	
ADDRESS:	11720 Sunrise Valley Dr Suite 100	
CITY/ST/ZIP/CO:	Reston, VA 20191	

NAME: William Crowell TITLE: DIRECTOR ADDRESS: 11720 Sunrise Valley Dr Suite 100 CITY/ST/ZIP/CO: Reston, VA 20191	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Prescott Winter TITLE: DIRECTOR ADDRESS: 11720 Sunrise Valley Dr Suite 100 CITY/ST/ZIP/CO: Reston, VA 20191	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Robert Flores TITLE: DIRECTOR ADDRESS: 11720 Sunrise Valley Dr Suite 100 CITY/ST/ZIP/CO: Reston, VA 20191	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Robert Gourley TITLE: DIRECTOR ADDRESS: 11720 Sunrise Valley Dr Suite 100 CITY/ST/ZIP/CO: Reston, VA 20191	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Gilman Louie TITLE: DIRECTOR ADDRESS: 11720 Sunrise Valley Dr Suite 100 CITY/ST/ZIP/CO: Reston, VA 20191	<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/ JONATHAN ROGERS	JONATHAN ROGERS, CFO	5/30/2013
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.		