

1.) CORPORATION NAME:

Centripetal Networks, Inc.

DUE DATE: **5/31/2014**

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
COMMON	60,000,000

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 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:	PIERRE MALLET	
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	

	<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:	JONATHAN ROGERS	
TITLE:	CFO	
ADDRESS:	CENTRIPETAL NETWORKS 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: 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
NAME: Sophia Corona 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: Cris Conde 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: Mary Cay Cousart 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
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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JONATHAN ROGERS, CFO PRINTED NAME AND CORPORATE TITLE	5/31/2014 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.		