

1.) CORPORATION NAME:

Centripetal Networks, Inc.

DUE DATE: **5/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JONATHAN ROGERS
2251 CORPORATE PARK DRIVE
SUITE 150**

SCC ID NO: **F1896309**

HERNDON, VA

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: 2251 CORPORATE PARK DRIVE
SUITE 150

CITY/ST/ZIP: HERNDON, VA 20171

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:	STEVEN ROGERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	11720 SUNRISE VALLEY DR SUITE 100		
CITY/ST/ZIP/CO:	RESTON, VA 20191		

NAME:	MARY CAY COUSART	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11720 SUNRISE VALLEY DR SUITE 100		
CITY/ST/ZIP/CO:	RESTON, VA 20191		

NAME:	PIERRE MALLETT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11720 SUNRISE VALLEY DR SUITE 100		
CITY/ST/ZIP/CO:	RESTON, VA 20191		

NAME:	NEEL PRICE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11720 SUNRISE VALLEY DR SUITE 100		
CITY/ST/ZIP/CO:	RESTON, VA 20191		

NAME:	SEAN MOORE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CTO		
ADDRESS:	11720 SUNRISE VALLEY DR SUITE 100		
CITY/ST/ZIP/CO:	RESTON, VA 20191		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONATHAN ROGERS CFO CENTRIPETAL NETWORKS 11720 SUNRISE VALLEY DR SUITE 100 RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRIS CONDE DIRECTOR 11720 SUNRISE VALLEY DR SUITE 100 RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SOPHIA CORONA DIRECTOR 11720 SUNRISE VALLEY DR SUITE 100 RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM CROWELL DIRECTOR 11720 SUNRISE VALLEY DR SUITE 100 RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT FLORES DIRECTOR 11720 SUNRISE VALLEY DR SUITE 100 RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT GOURLEY DIRECTOR 11720 SUNRISE VALLEY DR SUITE 100 RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GILMAN LOUIE DIRECTOR 11720 SUNRISE VALLEY DR SUITE 100 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/ STEVEN ROGERS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVEN ROGERS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	9/10/2015 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.			