

1.) CORPORATION NAME:

DataRPM Corporation

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SUNDEEP SANGHAVI
4911 SAMMY JOE DR
FAIRFAX, VA**

SCC ID NO: **F1919945**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4911 Sammy Joe Drive

CITY/ST/ZIP: FAIRFAX, VA 22030

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.

<p>NAME: SUNDEEP SANGHAVI TITLE: CEO ADDRESS: 12587 Fair Lakes Circle STE 296 CITY/ST/ZIP/CO: FAIRFAX, VA 22033</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: SHYAMANTAK GAUTAM TITLE: CTO ADDRESS: 12587 Fair Lakes Circle STE 150 CITY/ST/ZIP/CO: FAIRFAX, VA 22033</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RUBAN PHUKAN TITLE: CPO ADDRESS: 12587 Fair Lakes Circle STE 296 CITY/ST/ZIP/CO: FAIRFAX, VA 22033</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: HEMANG SANGHAVI TITLE: SECRETARY ADDRESS: 12587 Fair Lakes Circle STE 296 CITY/ST/ZIP/CO: FAIRFAX, VA 22033</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Haresh Bhungalia TITLE: DIRECTOR ADDRESS: 12587 Fair Lakes Circle Suite 296 CITY/ST/ZIP/CO: Fairfax, VA 22033</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Kenneth Thornton TITLE: DIRECTOR ADDRESS: 12587 Fair Lakes Circle STE 296 CITY/ST/ZIP/CO: Fairfax, VA 22033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Khaled Nasr TITLE: DIRECTOR ADDRESS: 12587 Fair Lakes Circle CITY/ST/ZIP/CO: Fairfax, VA 22033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Donald E Clarke TITLE: DIRECTOR ADDRESS: 12587 Fair Lakes Circle Suite 296 CITY/ST/ZIP/CO: Fairfax, VA 22033	<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/ SUNDEEP SANGHAVI	SUNDEEP SANGHAVI, CEO	2/28/2014
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.		