

1.) CORPORATION NAME:

Space Time Insight, Inc.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1932971**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	90,000,000
PREF A	14,414,552
PREF B	48,758,168

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1850 GATEWAY DR STE 125

CITY/ST/ZIP: SAN MATEO, CA 94404

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: William J. Tamblyn TITLE: CFO ADDRESS: 1850 GATEWAY DR STE 125 CITY/ST/ZIP/CO: SAN MATEO, CA 94404</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ROB SCHILLING TITLE: PRESIDENT ADDRESS: 1850 GATEWAY DR STE 125 CITY/ST/ZIP/CO: SAN MATEO, CA 94404</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JASVIR GILL TITLE: DIRECTOR ADDRESS: 45680 NORTHPORT LOOP EAST CITY/ST/ZIP/CO: FREEMONT, CA 94538</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Gil Cogan TITLE: DIRECTOR ADDRESS: 2730 San Hill Road, Suite 150 CITY/ST/ZIP/CO: Menlo Park, CA 94025</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Martin Aares TITLE: DIRECTOR ADDRESS: 201 N. Union Street, Suite 350 CITY/ST/ZIP/CO: Alexandria, VA 22314</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: James Huff TITLE: DIRECTOR ADDRESS: 700 Universe Blvd CITY/ST/ZIP/CO: Juno Beach, FL 33408</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Anthony Fox TITLE: DIRECTOR ADDRESS: One Fullerton, Level 02=01 CITY/ST/ZIP/CO: , 049213, SG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Bill Kingsley TITLE: DIRECTOR ADDRESS: 625 W. Ridge Pike CITY/ST/ZIP/CO: Bldg D, Suite 105 Conshohocken, PA 19428	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ William J. Tamblyn	William J. Tamblyn, CFO	6/18/2014
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.