

1.) CORPORATION NAME:

DUE DATE: **10/28/2013**

**ABILITY Network Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1939380**

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 NORTH 6TH ST STE 900A

CITY/ST/ZIP: MINNEAPOLIS, MN 55403

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: MARK BRIGGS TITLE: CEO ADDRESS: 100 NORTH 6TH ST STE 900A CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55403</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JIM BRADLEY TITLE: DIRECTOR ADDRESS: 8109 GALWAY RD CITY/ST/ZIP/CO: WOODBURY, MN 55125</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JEFF CRISAN TITLE: DIRECTOR ADDRESS: 111 HUNTINGTON AVE CITY/ST/ZIP/CO: BOSTON, MA 02199</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ANDY HURD TITLE: DIRECTOR ADDRESS: 3389 ROSSI ST CITY/ST/ZIP/CO: LAFAYETTE, CA 94549</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: TONY MILLER TITLE: DIRECTOR ADDRESS: 315 EAST LAKE ST STE 304 CITY/ST/ZIP/CO: WAYZATA, MN 55391</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARK PULIDO TITLE: DIRECTOR ADDRESS: PO BOX 1334 CITY/ST/ZIP/CO: RANCHO SANTE FE, CA 92067</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: RANDY SCHMIDT TITLE: DIRECTOR ADDRESS: 315 EAST LAKE ST STE 304 CITY/ST/ZIP/CO: WAYZATA, MN 55391	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JACK HAUSER TITLE: TREASURER ADDRESS: 100 NORTH 6TH ST STE 900A CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55403	<input checked="" type="checkbox"/> OFFICER	<input 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/ JACK HAUSER	JACK HAUSER, TREASURER	10/28/2013
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.