

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215518844
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1.) CORPORATION NAME: Lancope, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL CORPORATE RESEARCH LTD 250 BROWNS HILL CT MIDLOTHIAN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: DE	DUE DATE: 5/31/2015 SCC ID NO: F1964347 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>49,451,243</td> </tr> <tr> <td>PREFER</td> <td>38,100,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	49,451,243	PREFER	38,100,000
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COMMON	49,451,243						
PREFER	38,100,000						

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3650 BROOKSIDE PARKWAY STE 500

CITY/ST/ZIP: ALPHARETTA, GA 30022

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: MICHAEL POTTS		
TITLE: PRESIDENT		
ADDRESS: 3650 BROOKSIDE PARKWAY STE 500		
CITY/ST/ZIP/CO: ALPHARETTA, GA 30022		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN COHEN		
TITLE: DIRECTOR		
ADDRESS: 3650 BROOKSIDE PARKWAY STE 500		
CITY/ST/ZIP/CO: ALPHARETTA, GA 30022		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KATIE GAMBILL		
TITLE: DIRECTOR		
ADDRESS: 3650 BROOKSIDE PARKWAY STE 500		
CITY/ST/ZIP/CO: ALPHARETTA, GA 30022		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FRED STURGIS		
TITLE: DIRECTOR		
ADDRESS: 3650 BROOKSIDE PARKWAY STE 500		
CITY/ST/ZIP/CO: ALPHARETTA, GA 30022		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ERIC YOUNG		
TITLE: DIRECTOR		
ADDRESS: 3650 BROOKSIDE PARKWAY STE 500		
CITY/ST/ZIP/CO: ALPHARETTA, GA 30022		

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/ MICHAEL POTTS	MICHAEL POTTS, PRESIDENT	5/15/2015
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.