State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	*2. Name of Corporation*		
130587	NEON Connect, Inc.		
3. Street Address Principal Business Office	*City*	*State*	*Zip*
196 Van Buren Street, Suite 250	Herndon	VA	20170
4. Business Phone No.	*5. State of Incorporation*		
703-434-8533	Delaware		

6. Brief Description of the Character of Business Conducted in Rhode Island
Telecommunications

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			*Vice President Name*		
Clint Heiden			Mike O'Day		
Street Address			*Street Address*		
196 Van Buren Street, Suite 250			196 Van Buren Street, Suite 250		
City	*State*	*Zip*	*City*	*State*	*Zip*
Herndon	VA	20170	Herndon	VA	20170
Secretary Name			*Treasurer Name*		
Paul Eskildsen			Jessica Kaman		
Street Address			*Street Address*		
196 Van Buren Street, Suite 250			196 Van Buren Street, Suite 250		
City	*State*	*Zip*	*City*	*State*	*Zip*
Herndon	VA	20170	Herndon	VA	20170

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			*Director Name*		
Michael T. Sicoli					
Street Address			*Street Address*		
196 Van Buren Street, Suite 250					
City	*State*	*Zip*	*City*	*State*	*Zip*
Herndon	VA	20170			
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	*Class/Series*	*Par Value*
100	Common Stock	$0.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED
FEB 13 2012
By 1163258 DS

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature _____ *Date* 1/25/12

MICHAEL O'DAY
Print or Type Name

VP, DAK
Title