

1.) CORPORATION NAME:

ARMFIELD, HARRISON & THOMAS, INC.

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
ALEXANDER G GREEN III
20 S. KING STREET
LEESBURG, VA 20175**

SCC ID NO: **00819326**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 20 S. KING STREET

CITY/ST/ZIP: LEESBURG, VA 20175-

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.

NAME: GEORGE FORRESTER
TITLE: VICE PRESIDENT
ADDRESS: 20 SOUTH KING ST
CITY/ST/ZIP/CO: LEESBURG, VA 20175-

OFFICER

DIRECTOR

NAME: DAVID L SCHAEFER
TITLE: EXEC VP
ADDRESS: 20 SOUTH KING ST
CITY/ST/ZIP/CO: LEESBURG, VA 20175-

OFFICER

DIRECTOR

NAME: RICHARD WHITELEY
TITLE: VICE PRESIDENT
ADDRESS: 20 SOUTH KING ST
CITY/ST/ZIP/CO: LEESBURG, VA 20175-

OFFICER

DIRECTOR

NAME: LYNNE SORRENTINO
TITLE: TREASURER
ADDRESS: 20 SOUTH KING ST
CITY/ST/ZIP/CO: LEESBURG, VA 20175-

OFFICER

DIRECTOR

NAME: KATHERINE ARMFIELD
TITLE: SR VP
ADDRESS: 20 SOUTH KING ST
CITY/ST/ZIP/CO: LEESBURG, VA 20175-

OFFICER

DIRECTOR

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ALEXANDER G GREEN III		
TITLE:	PRESIDENT		
ADDRESS:	20 SOUTH KING ST		
CITY/ST/ZIP/CO:	LEESBURG, VA 20175-		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KATHLEEN HARMON		
TITLE:	SECRETARY		
ADDRESS:	20 SOUTH KING ST		
CITY/ST/ZIP/CO:	LEESBURG, VA 20175-		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM SANDER		
TITLE:	VICE PRESIDENT		
ADDRESS:	600 UNIVERSITY ST STE 1300		
CITY/ST/ZIP/CO:	SEATTLE, WA 98101-		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEVEN UNO		
TITLE:	VICE PRESIDENT		
ADDRESS:	600 UNIVERSITY ST		
CITY/ST/ZIP/CO:	SEATTLE, WA 98101-		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK GANLEY		
TITLE:	ASST VP		
ADDRESS:	600 UNIVERSITY ST STE 1300		
CITY/ST/ZIP/CO:	SEATTLE, WA 98101-		

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.

<u>/s/ LYNNE SORRENTINO</u>	<u>LYNNE SORRENTINO,</u>	<u>11/7/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER 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.