

1.) CORPORATION NAME:

**ARMFIELD, HARRISON & THOMAS, INC.**

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**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.

<p>NAME: ALEXANDER G GREEN III TITLE: PRESIDENT ADDRESS: 20 SOUTH KING ST CITY/ST/ZIP/CO: LEESBURG, VA 20175</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KATHERINE ARMFIELD TITLE: SR VP ADDRESS: 20 SOUTH KING ST CITY/ST/ZIP/CO: LEESBURG, VA 20175</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GEORGE FORRESTER TITLE: VICE PRESIDENT ADDRESS: 20 SOUTH KING ST CITY/ST/ZIP/CO: LEESBURG, VA 20175</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARK GANLEY TITLE: ASST VP ADDRESS: 600 UNIVERSITY ST STE 1300 CITY/ST/ZIP/CO: SEATTLE, WA 98101</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM SANDER TITLE: VICE PRESIDENT ADDRESS: 600 UNIVERSITY ST STE 1300 CITY/ST/ZIP/CO: SEATTLE, WA 98101</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID L SCHAEFER TITLE: EXEC VP ADDRESS: 20 SOUTH KING ST CITY/ST/ZIP/CO: LEESBURG, VA 20175</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN UNO VICE PRESIDENT 600 UNIVERSITY ST STE 1300 SEATTLE, WA 98101	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD WHITELEY VICE PRESIDENT 20 SOUTH KING ST LEESBURG, VA 20175	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN HARMON SECRETARY 20 SOUTH KING ST LEESBURG, VA 20175	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LYNNE SORRENTINO TREASURER 20 SOUTH KING ST LEESBURG, VA 20175	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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/ ALEXANDER G GREEN III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ALEXANDER G GREEN III, PRESIDENT PRINTED NAME AND CORPORATE TITLE	11/26/2012 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.			