

1.) CORPORATION NAME:

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

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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:	ALEXANDER G GREEN III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	20 S KING STREET		
CITY/ST/ZIP/CO:	LEESBURG, VA 20175		
NAME:	KATHERINE ARMFIELD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	20 S KING STREET		
CITY/ST/ZIP/CO:	LEESBURG, VA 20175		
NAME:	GEORGE FORRESTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	20 S KING STREET		
CITY/ST/ZIP/CO:	LEESBURG, VA 20175		
NAME:	MARK GANLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST VP		
ADDRESS:	20 S KING STREET		
CITY/ST/ZIP/CO:	LEESBURG , VA 20175		
NAME:	WILLIAM SANDER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	20 S KING STREET		
CITY/ST/ZIP/CO:	LEESBURG, VA 20175		
NAME:	DAVID L SCHAEFER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	20 S KING STREET		
CITY/ST/ZIP/CO:	LEESBURG, VA 20175		

NAME: STEVEN UNO TITLE: VICE PRESIDENT ADDRESS: 20 S KING STREET  CITY/ST/ZIP/CO: LEESBURG, VA 20175	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RICHARD WHITELEY TITLE: VICE PRESIDENT ADDRESS: 20 S KING STREET CITY/ST/ZIP/CO: LEESBURG, VA 20175	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: LYNNE SORRENTINO TITLE: TREASURER ADDRESS: 20 S KING STREET CITY/ST/ZIP/CO: LEESBURG, VA 20175	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: KATHLEEN HARMON TITLE: SECRETARY ADDRESS: 20 S KING STREET CITY/ST/ZIP/CO: 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/ LYNNE SORRENTINO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LYNNE SORRENTINO, TREASURER PRINTED NAME AND CORPORATE TITLE	10/28/2013 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.		