

1.) CORPORATION NAME:

Shoosmith Bros., Inc.

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CAPITOL CORPORATE SERVICES INC
10 S JEFFERSON ST STE 1400
ROANOKE, VA 24011**

SCC ID NO: **00932822**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	65,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11800 LEWIS RD

CITY/ST/ZIP: CHESTER, VA 23831

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: FRED NICHOLS TITLE: PRESIDENT ADDRESS: 11800 LEWIS ROAD CITY/ST/ZIP/CO: CHESTER, VA 23831</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: LARRY MCGEE TITLE: VICE PRESIDENT ADDRESS: 11800 LEWIS ROAD CITY/ST/ZIP/CO: CHESTER, VA 23831</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: FLETCHER KELLY TITLE: VICE PRESIDENT ADDRESS: 11800 LEWIS RD CITY/ST/ZIP/CO: CHESTER, VA 23831</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: KENT DURHAM TITLE: SECRETARY ADDRESS: 14250 FM 730 N CITY/ST/ZIP/CO: CHESTER, VA 23831</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID BLAIR TITLE: DIRECTOR ADDRESS: TWO PNC PLAZA CITY/ST/ZIP/CO: 620 LIBERTY AVENUE PITTSBURGH, PA 15222</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DOUGLAS BROSIUS TITLE: DIRECTOR ADDRESS: TWO PNC PLAZA CITY/ST/ZIP/CO: 620 LIBERTY AVENUE PITTSBURGH, PA 15222</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	ROBERT CODOL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	TWO PNC PLAZA		
CITY/ST/ZIP/CO:	620 LIBERTY AVENUE PITTSBURGH, PA 15222		

NAME:	BRIAN DRAGON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 PARK STREET		
CITY/ST/ZIP/CO:	SUITE 480 BIRMINGHAM, MI 48009		

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/ KENT DURHAM	KENT DURHAM, SECRETARY	2/25/2013
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.