

1.) CORPORATION NAME:

DUE DATE: **6/30/2014**

GHT Limited

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **01387802**

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	250,000
COMB	200,000

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1110 N GLEBE ROAD #300

CITY/ST/ZIP: ARLINGTON, VA 22201-4749

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:	PAUL C O'BRIEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/COB		
ADDRESS:	8312 KAY COURT		
CITY/ST/ZIP/CO:	ANNANDALE, VA 22003		

NAME:	CRAIG C EICHENLAUB	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	14253 HART FOREST DRIVE		
CITY/ST/ZIP/CO:	CENTREVILLE, VA 22020		

NAME:	MATTHEW P. JACOBS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1920 MIRACLE LANE		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22043		

NAME:	PATRICK A. KUNZE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	520 N OAKLAND ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	JOHN C MCGEE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	100 BAY DRIVE		
CITY/ST/ZIP/CO:	STEVENSVILLE, MD 21666-2922		

NAME:	ROBERT M. MENUET	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 176		
CITY/ST/ZIP/CO:	ORLEAN, VA 20128		

NAME:	JOHN D. WOZNEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	13711 OAKLAND RIDGE ROAD		
CITY/ST/ZIP/CO:	HAYMARKET, VA 20169		

NAME:	WILLIAM N. GERKE, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4905 APPLE TREE DRIVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310		

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/ PAUL C O'BRIEN	PAUL C O'BRIEN, P/COB	6/18/2014
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.