

1.) CORPORATION NAME: CONSOLIDATED PROPERTY SERVICES, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: WILLIAM C HOGAN 6 WINDSOR DRIVE HAMPTON, VA 23669 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HAMPTON CITY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 2/28/2013 SCC ID NO: 01511385 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 66 W MERCURY BLVD
 CITY/ST/ZIP: HAMPTON, VA 23669

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: WALTON L HOGAN TITLE: PRES/SEC/TREAS ADDRESS: P O BOX 1776 CITY/ST/ZIP/CO: HAMPTON, VA 23669	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: CAROL HOGAN TITLE: VICE PRESIDENT ADDRESS: PO BOX 1776 CITY/ST/ZIP/CO: HAMPTON, VA 23669	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: WILLIAM C Hogan TITLE: DIRECTOR ADDRESS: 6 Windsor Drive CITY/ST/ZIP/CO: Hampton, VA 23669	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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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/ WALTON L HOGAN	WALTON L HOGAN, PRES/SEC/TREAS	3/7/2013
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.