

1.) CORPORATION NAME: PROFESSIONAL BUILDING MAINTENANCE CORPORATION 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MARGUERITE COLLIER 56 WELL LANE FREDERICKSBURG, VA 22405 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: STAFFORD COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 8/31/2012 SCC ID NO: 01875343 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>500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	500
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 56 WELL LN CITY/ST/ZIP: FREDERICKSBURG, VA 22405

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: JUSTIN L THACKER TITLE: PRESIDENT ADDRESS: 56 WELL LN CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: ALEX R THACKER TITLE: VICE PRESIDENT ADDRESS: 56 WELL LN CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: MARGUERITE COLLIER TITLE: S/T ADDRESS: 56 WELL LN CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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/ MARGUERITE COLLIER	MARGUERITE COLLIER, S/T	9/6/2012
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.