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| SCC eFile | 2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 215533336 |
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| 1.) CORPORATION NAME: SIGNS OF THE TIMES, INC. | DUE DATE: 11/30/2015 |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: TONY R HORTON 1429 HOWLETT ST HILLSVILLE, VA | SCC ID NO: 02005536 |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CARROLL COUNTY | 5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION: VA | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1429 HOWLETT ST

CITY/ST/ZIP: HILLSVILLE, VA 24343

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.

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|--------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: CLEO ROBERTSON | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: PRESIDENT | | | | |
| ADDRESS: 111 LIVINGSTONE DRIVE | | | | |
| CITY/ST/ZIP/CO: CARY, NC 27513 | | | | |

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|-----------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: BANKS CONNER | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: VICE PRESIDENT | | | | |
| ADDRESS: 3644 VERONA TRAIL | | | | |
| CITY/ST/ZIP/CO: ROANOKE, VA 24018 | | | | |

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|--------------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: TONY R HORTON | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: SECRETARY | | | | |
| ADDRESS: 1429 HOWLETT ST | | | | |
| CITY/ST/ZIP/CO: HILLSVILLE, VA 24343 | | | | |

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|----------------------------------|--------------------------|---------|-------------------------------------|----------|
| NAME: LARRY BYRD | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR | | | | |
| ADDRESS: 715 N. 9TH STREET | | | | |
| CITY/ST/ZIP/CO: MEBANE, NC 27302 | | | | |

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|---------------------------------|--------------------------|---------|-------------------------------------|----------|
| NAME: JUNIOR CONNER | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR | | | | |
| ADDRESS: 524 DOYLE STREET | | | | |
| CITY/ST/ZIP/CO: SALEM, VA 24153 | | | | |

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.

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| /s/ TONY R HORTON | TONY R HORTON, SECRETARY | 9/9/2015 |
| 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.