

1.) CORPORATION NAME:

IRVING BURTON ASSOCIATES, INC.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ANNA RYAN
3150 FAIRVIEW PARK DRIVE
SUITE 301**

SCC ID NO: **02186013**

FALLS CHURCH, VA

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|-------|------------|
| COMA | 10,000 |
| COMB | 190,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3150 Fairview Park Drive
Suite 301

CITY/ST/ZIP: Falls Church, VA 22042

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: | RAYMOND W BALDWIN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CTO/S/T | | |
| ADDRESS: | 205 VAN BUREN ST SUITE 150 | | |
| CITY/ST/ZIP/CO: | HERNDON, VA 20170 | | |

| | | | |
|-----------------|---------------------------|---|--|
| NAME: | P MARSHALL RYAN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | COB | | |
| ADDRESS: | 205 LEESBURG PIKE STE 150 | | |
| CITY/ST/ZIP/CO: | HERNDON, VA 20170 | | |

| | | | |
|-----------------|----------------------------|---|--|
| NAME: | ANNA RYAN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CEO | | |
| ADDRESS: | 205 VAN BUREN ST SUITE 150 | | |
| CITY/ST/ZIP/CO: | HERNDON, VA 20170 | | |

| | | | |
|-----------------|----------------------------|----------------------------------|--|
| NAME: | LAURA BALDWIN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 205 VAN BUREN ST SUITE 150 | | |
| CITY/ST/ZIP/CO: | HERNDON, VA 20170 | | |

| | | | |
|-----------------|----------------------------|----------------------------------|--|
| NAME: | MARTHA RYAN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 205 VAN BUREN ST SUITE 150 | | |
| CITY/ST/ZIP/CO: | HERNDON, VA 20170 | | |

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/ ANNA RYAN | ANNA RYAN, CEO | 12/16/2014 |
| 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.