

1.) CORPORATION NAME:

**S C & A, INC.**

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SAM D. SCHOLAR  
308 HILLWOOD AVE., SUITE 300  
FALLS CHURCH, VA**

SCC ID NO: **02219319**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FALLS CHURCH CITY (FILED IN ARLINGTON COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1608 SPRING HILL RD  
STE 400

CITY/ST/ZIP: VIENNA, VA 22182

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GREGORY BERONJA	
TITLE:	PRES/CEO	
ADDRESS:	1608 SPRING HILL ROAD	
	STE 400	
CITY/ST/ZIP/CO:	VIENNA, VA 22182	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN MAURO	
TITLE:	VICE PRESIDENT	
ADDRESS:	209 UELAND ROAD	
CITY/ST/ZIP/CO:	RED BANK, NJ 07701	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LAURIE LOOMIS	
TITLE:	VP/SECRETARY	
ADDRESS:	1608 SPRING HILL RD	
	STE 400	
CITY/ST/ZIP/CO:	VIENNA, VA 22182	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SANFORD C COHEN	
TITLE:	CHRMN/TREAS	
ADDRESS:	1608 SPRING HILL ROAD	
	SUITE 400	
CITY/ST/ZIP/CO:	VIENNA, VA 22182	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES EDWARDS	
TITLE:	DIRECTOR	
ADDRESS:	12000 PINEY MEETINGHOUSE ROAD	
CITY/ST/ZIP/CO:	POTOMAC, MD 20854	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Steve Ostrow	
TITLE:	VICE PRESIDENT	
ADDRESS:	1065 Park Avenue	
	Apt 18A	
CITY/ST/ZIP/CO:	New York, NY 10128	

NAME: Ibrahim Zeitoun TITLE: VICE PRESIDENT ADDRESS: 1608 Spring Hill Road Suite 400 CITY/ST/ZIP/CO: Vienna, VA 22182	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Amy Marasco Newton TITLE: DIRECTOR ADDRESS: 36903 Charles Town Pike CITY/ST/ZIP/CO: Hillsboro, VA 20132	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Thomas Grumbly TITLE: DIRECTOR ADDRESS: 9200 Windsor Meadows Lane CITY/ST/ZIP/CO: Vienna, VA 22182	<input 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/ GREGORY BERONJA	GREGORY BERONJA, PRES/CEO	7/31/2013
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.		