

1.) CORPORATION NAME:

CAPITOL RESEARCH EQUIPMENT, INC.

DUE DATE: **10/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
DAVID M. HUDSON
13897 WILLARD RD.
CHANTILLY, VA 20151**

SCC ID NO: **02228955**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13897-K WILLARD RD

CITY/ST/ZIP: CHANTILLY, VA 20151-

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: DAVID HUDSON
TITLE: PRESIDENT
ADDRESS: 12586 ROCK RIDGE ROAD
CITY/ST/ZIP/CO: HERNDON, VA 20170-

OFFICER

DIRECTOR

NAME: PATRICIA CANNON HUDSON
TITLE: VICE PRESIDENT
ADDRESS: 12586 ROCK RIDGE ROAD
CITY/ST/ZIP/CO: HERNDON, VA 20170-

OFFICER

DIRECTOR

NAME: RITA MOORE CANNON
TITLE: TREASURER
ADDRESS: 8904 MEARS STREET
CITY/ST/ZIP/CO: FAIRFAX, VA 22031-

OFFICER

DIRECTOR

NAME: MARK CANNON
TITLE: DIRECTOR
ADDRESS: 8299 MARY JANE DRIVE
CITY/ST/ZIP/CO: MANASSAS, VA 20112-

OFFICER

DIRECTOR

NAME: IH-HOUNG LOH
TITLE: DIRECTOR
ADDRESS: 9 LINNELL CIRCLE
CITY/ST/ZIP/CO: BILLERICA, MA 01821-

OFFICER

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.

<u>/s/ PATRICIA CANNON HUDSON</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>PATRICIA CANNON HUDSON, VICE PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>8/25/2011</u> 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.