

SCC eFile

2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

215515957

1.) CORPORATION NAME:

**VPA CORPORATION**

DUE DATE: **4/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BERNARD A MAGUIRE  
VPA CORPORATION  
35355 CARNOUSTIE CIR**

SCC ID NO: **02284974**

**ROUND HILL, VA**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 100,000    |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**LOUDOUN COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 35355 CARNOUSTIE CIR

CITY/ST/ZIP: ROUND HILL, VA 20141

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:           | BERNARD A MAGUIRE     | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT             |   |  |
| ADDRESS:        | 704 WILD DUNES CIRCLE |   |  |
| CITY/ST/ZIP/CO: | WILMINGTON, NC 28411  |   |  |

|                 |                       |   |  |
|-----------------|-----------------------|---|--|
| NAME:           | JOYCE E MAGUIRE       | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY             |   |  |
| ADDRESS:        | 704 WILD DUNES CIRCLE |   |  |
| CITY/ST/ZIP/CO: | WILMINGTON, NC 28411  |   |  |

|                 |                          |                                  |  |
|-----------------|--------------------------|----------------------------------|--|
| NAME:           | JOHN P MAGUIRE           | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                 |                                  |  |
| ADDRESS:        | 918 SALTWATER LANE       |                                  |  |
| CITY/ST/ZIP/CO: | CAROLINA BEACH, NC 28428 |                                  |  |

|                 |                      |                                  |  |
|-----------------|----------------------|----------------------------------|--|
| NAME:           | MEGAN E MAGUIRE      | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR             |                                  |  |
| ADDRESS:        | 4810 WHITNER DRIVE   |                                  |  |
| CITY/ST/ZIP/CO: | WILMINGTON, NC 28409 |                                  |  |

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/ BERNARD A MAGUIRE</u>                        | BERNARD A MAGUIRE,                            | <u>4/25/2015</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRESIDENT<br>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.