

1.) CORPORATION NAME:

CALIBER ASSOCIATES, INC.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **02432292**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9300 LEE HIGHWAY

CITY/ST/ZIP: FAIRFAX, VA 22031

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:	GERALD CROAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9300 LEE HWY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		

NAME:	TERRANCE MCGOVERN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	9300 LEE HWY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		

NAME:	MOLLIE D. ROY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	9300 LEE HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		

NAME:	GEORGE LOWDEN III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	MANAGER		
ADDRESS:	9300 LEE HWY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		

NAME:	JOHN WASSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	MANAGER		
ADDRESS:	9300 LEE HWY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		

NAME:	BRYON HENNESSEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	9300 LEE HIGHWAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		

NAME: PHILLIP ECK TITLE: ASST SECRETARY ADDRESS: 9300 LEE HIGHWAY CITY/ST/ZIP/CO: FAIRFAX, VA 22031	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JAMES MORGAN TITLE: CFO ADDRESS: 9300 LEE HIGHWAY CITY/ST/ZIP/CO: FAIRFAX, VA 22031	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JAMES E. DANIEL TITLE: SVP/ GC ADDRESS: 9300 LEE HIGHWAY CITY/ST/ZIP/CO: FAIRFAX, VA 22031	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ROBERT TOTH TITLE: SENIOR VP ADDRESS: 9300 LEE HIGHWAY CITY/ST/ZIP/CO: FAIRFAX, VA 22031	<input checked="" type="checkbox"/> OFFICER <input 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/ MOLLIE D. ROY	MOLLIE D. ROY, SECRETARY	6/19/2014
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.		