

1.) CORPORATION NAME:

PRINCE WILLIAM COUNTY CRIME SOLVERS, INC.

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PAUL B EBERT
9311 LEE AVENUE
MANASSAS, VA**

SCC ID NO: **02439990**

5.) STOCK INFORMATION

| | |
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| CLASS | AUTHORIZED |
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

MANASSAS PARK (FILED IN PRINCE WILLIAM COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9311 LEE AVENUE

CITY/ST/ZIP: MANASSAS, VA 22110

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.

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|-----------------|----------------------|---|--|
| NAME: | DIANA CAROLE LONG | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | PO BOX 385 | | |
| CITY/ST/ZIP/CO: | DUMFRIES, VA 22026 | | |
| NAME: | MARTIN A BRULA JR | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE CHAIRMAN | | |
| ADDRESS: | 9317 AMARYLLIS AVE | | |
| CITY/ST/ZIP/CO: | MANASSAS, VA 20110 | | |
| NAME: | JEANE INGRAM | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 13089 DOVE TREE CT | | |
| CITY/ST/ZIP/CO: | MANASSAS, VA 20112 | | |
| NAME: | OWEN F THOMAS, JR | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CHRMN | | |
| ADDRESS: | 13928 DAVE DRIVE | | |
| CITY/ST/ZIP/CO: | NOKESVILLE, VA 20181 | | |
| NAME: | DENNIS BRIGGS | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1298 BAYSIDE AVE #14 | | |
| CITY/ST/ZIP/CO: | WOODBIDGE, VA 22191 | | |
| NAME: | TODD KOEGLER | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 5 BARCLAY LANE | | |
| CITY/ST/ZIP/CO: | STAFFORD, VA 22554 | | |

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|-----------------|---------------------|----------------------------------|--|
| NAME: | CARRIE MANDERFIELD | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 202 A WASHINGTON ST | | |
| CITY/ST/ZIP/CO: | OCCAQUAN, VA 22125 | | |

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/ OWEN F THOMAS, JR | OWEN F THOMAS, JR, CHRMN | 11/17/2014 |
| 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.