

1.) CORPORATION NAME:

**COASTAL AMERICAN CORPORATION**

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PHILIP A NICKLES  
481 CARLISLE DRIVE  
HERNDON, VA 20170-4830**

SCC ID NO: **02440352**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 481 CARLISLE DRIVE

CITY/ST/ZIP: HERNDON, VA 20170-4830

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.

<p>NAME: DANIEL RAY BAKER TITLE: PRES/CEO ADDRESS: 481 CARLISLE DRIVE CITY/ST/ZIP/CO: HERNDON, VA 20170-4830</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RANDALL A KERR TITLE: VP/AS/DIR ADDRESS: 481 CARLISLE DR CITY/ST/ZIP/CO: HERNDON, VA 20170</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PHILIP NICKLES TITLE: VICE PRESIDENT ADDRESS: 481 CARLISLE DRIVE CITY/ST/ZIP/CO: HERNDON, VA 20170</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PHILIP N ISRAEL JR TITLE: SECRETARY ADDRESS: 6006 ONONDAGA RD CITY/ST/ZIP/CO: BETHESDA, MD 20816</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: J MICHAEL BURRY TITLE: CHRMN OF BOARD ADDRESS: PO BOX 980 CITY/ST/ZIP/CO: HERNDON, VA 20172</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM C HOWLETT TITLE: DIRECTOR ADDRESS: 481 Carlisle Drive CITY/ST/ZIP/CO: HERNDON, VA 20170</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christopher C. Howlett DIRECTOR 11465 Dutchmans Creek Road Lovettsville, VA 20180	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Edward W. Coles DIRECTOR 224 West Main Street Mt. Sterling, OH 43143	<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/ DANIEL RAY BAKER	DANIEL RAY BAKER, PRES/CEO	5/17/2012
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.