

1.) CORPORATION NAME: <b>CAPSTONE CORPORATION</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>THOMAS D MADISON          635 SLATERS LN STE 300          ALEXANDRIA, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ALEXANDRIA CITY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	DUE DATE: <b>3/31/2016</b> SCC ID NO: <b>02531366</b> 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 635 SLATERS LANE STE 300  CITY/ST/ZIP: ALEXANDRIA, VA 22314
--

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: WILLIAM J MOORE III TITLE: PRESIDENT ADDRESS: 9002 BEXHILL ROAD CITY/ST/ZIP/CO: ADELPHI, MD 20783-2038	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	---	--

NAME: THOMAS D MADISON TITLE: VICE PRESIDENT ADDRESS: 8719 MT VERNON HWY CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309	<input checked="" 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/ WILLIAM J MOORE III	WILLIAM J MOORE III, PRESIDENT	4/19/2016
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.