

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	214510441				
1.) CORPORATION NAME: <b>ASPHALT RESTORATION TECHNOLOGIES, INC.</b>		DUE DATE: <b>3/31/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>TIMOTHY REED 9320 DEVELOPERS DR MANASSAS, VA</b>		SCC ID NO: <b>02541852</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>PRINCE WILLIAM COUNTY</b>		5.) STOCK INFORMATION <table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED					
COMMON	10,000					
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>						
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 9320 DEVELOPERS DRI  CITY/ST/ZIP: MANASSAS, VA 20109						
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: JAMES O TIBBS SR TITLE: PRESIDENT ADDRESS: 8401 CABIN BRANCH CT CITY/ST/ZIP/CO: MANASSAS, VA 20110	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: TIMOTHY REED TITLE: SECRETARY ADDRESS: 14290 NORTH BROOK LN CITY/ST/ZIP/CO: GAINESVILLE, VA 20155	<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/ JAMES O TIBBS SR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES O TIBBS SR, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/26/2014 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.						