

1.) CORPORATION NAME: PAUL BRUCE, INC.	DUE DATE: 5/31/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PAUL BRUCE 2402 JACKSTAY TERRACE RESTON, VA	SCC ID NO: 02710010				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	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>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED				
COMMON	100				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 2402 JACKSTAY TERRACE CITY/ST/ZIP: RESTON, VA 20191	
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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: PAUL BRUCE TITLE: P/TREAS ADDRESS: 2402 JACKSTAY TERR. CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: DIANE BRUCE TITLE: SECRETARY ADDRESS: 2402 JACKSTAY TERR. CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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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/ PAUL BRUCE	PAUL BRUCE, P/TREAS	4/6/2015
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.