

1.) CORPORATION NAME:

NIXON & VANDERHYE P.C.

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT W FARIS
901 N GLEBE RD STE 1100
ARLINGTON, VA 22203**

SCC ID NO: **02774883**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	70,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 901 N GLEBE RD
STE 1100

CITY/ST/ZIP: ARLINGTON, VA 22203

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:	LARRY S NIXON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4651 35TH ST NORTH		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		

NAME:	ROBERT W FARIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5915 FIFTEENTH STREET NORTH		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22205		

NAME:	JOHN R LASTOVA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6022 COPELY LANE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		

NAME:	ARTHUR R CRAWFORD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	7621 LEITH PL		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22037		

NAME:	DUANE M BYERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 448		
CITY/ST/ZIP/CO:	THE PLAINS, VA 20198		

NAME:	ALAN M KAGEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9 COBHAM DRAW		
CITY/ST/ZIP/CO:	POOLER, GA 31322		

NAME: FRANK P PRESTA TITLE: DIRECTOR ADDRESS: 7100 REDLAC DRIVE CITY/ST/ZIP/CO: CLIFTON, VA 20124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: UPDEEP S GILL TITLE: DIRECTOR ADDRESS: 1375 NORTHWYCK COURT CITY/ST/ZIP/CO: MC LEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RAYMOND Y MAH TITLE: DIRECTOR ADDRESS: 6809 MASSENA COURT CITY/ST/ZIP/CO: BETHESDA, MD 20817	<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/ LARRY S NIXON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LARRY S NIXON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	10/30/2012 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.		