

1.) CORPORATION NAME:

**NIXON & VANDERHYTE P.C.**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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:           | 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:           | JEFFRY H NELSON              | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY                    |   |  |
| ADDRESS:        | 1818 NORTH HUNTINGTON STREET |   |  |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22205          |   |  |

|  |   |  |
|--|---|--|
| NAME: MICHAEL J SHEA<br>TITLE: DIRECTOR<br>ADDRESS: 1711 WIND HAVEN WAY<br>CITY/ST/ZIP/CO: VIENNA, VA 22182  | <input type="checkbox"/> OFFICER                              | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: GORDON P KLANCNIK<br>TITLE: DIRECTOR<br>ADDRESS: 3014 FRANKLIN ROAD<br>CITY/ST/ZIP/CO: ARLINGTON, VA 22201   | <input type="checkbox"/> OFFICER                              | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: GARY R TANIGAWA<br>TITLE: DIRECTOR<br>ADDRESS: 444 CHAUNCEY COURT<br>CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314  | <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/ JOHN R LASTOVA<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | JOHN R LASTOVA, TREASURER<br>PRINTED NAME AND CORPORATE TITLE | 10/29/2013<br>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. |   |  |