

1.) CORPORATION NAME: LAKE DOWDY CORPORATION	DUE DATE: 12/31/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: WILLIAM E. FELDMAN 904 LOVELL DRIVE VIRGINIA BEACH, VA	SCC ID NO: 02795912
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 904 LOVELL DR

CITY/ST/ZIP: VIRGINIA BEACH, VA 23454

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: JOAN WAGNER TITLE: PRESIDENT ADDRESS: 845 FIVE POINT RD CITY/ST/ZIP/CO: VA BCH, VA 23454	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: ALICE WARD TITLE: VICE PRESIDENT ADDRESS: 703 LOVELL DRIVE CITY/ST/ZIP/CO: VA BEACH, VA 23454	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: WILLIAM FELDMAN TITLE: SEC/TREAS ADDRESS: 904 LOVELL DR CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23454	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JAMES RAHMAN TITLE: DIRECTOR ADDRESS: 829 FIVE POINT RD. CITY/ST/ZIP/CO: VA. BCH., VA 23454	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JACK WAGNER TITLE: DIRECTOR ADDRESS: 845 FIVE POINT ROAD CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23454	<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/ WILLIAM FELDMAN	WILLIAM FELDMAN, SEC/TREAS	10/21/2015
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.