

1.) CORPORATION NAME: CHARMAY, INC.	DUE DATE: 3/31/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: GREGORY M GANDEE 7551 FORDSON RD ALEXANDRIA, VA	SCC ID NO: 02833341
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7551 FORDSON RD

CITY/ST/ZIP: ALEXANDRIA, VA 22306

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JANE R GANDEE		
TITLE: PRESIDENT		
ADDRESS: 7551 FORDSON RD		
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22306		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: AMY L COFFIN		
TITLE: VICE PRESIDENT		
ADDRESS: 7551 FORDSON ROAD		
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22306		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER W COFFIN		
TITLE: SECRETARY		
ADDRESS: 7551 FORDSON ROAD		
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22306		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CHARLES T GANDEE		
TITLE: TREASURER		
ADDRESS: 7551 FORDSON ROAD		
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22306		

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/ CHARLES T GANDEE	CHARLES T GANDEE, TREASURER	4/19/2013
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.