

1.) CORPORATION NAME:

REMSA, INC.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT E KORROCH
222 CENTRAL PARK AVE STE 1700
VIRGINIA BEACH, VA 23462-3035**

SCC ID NO: **02844520**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 5,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 124 WEST QUEENS WAY

CITY/ST/ZIP: HAMPTON, VA 23669

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: | ROSETTA C BILLUPS | |
| TITLE: | CHAIRMAN | |
| ADDRESS: | 5724 Pinnacle Falls Street | |
| CITY/ST/ZIP/CO: | North Las Vegas, NV 89081 | |

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | PAMELA MICHAELS | |
| TITLE: | CFO | |
| ADDRESS: | 6 RUTH CIRCLE | |
| CITY/ST/ZIP/CO: | HAMPTON, VA 23666 | |

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | DENNIS PAPA, PE | |
| TITLE: | COO | |
| ADDRESS: | 15023 CROWN POINT RD | |
| CITY/ST/ZIP/CO: | MOSELEY, VA 23120 | |

| | | |
|-----------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | BARBARA BOOKER-WILLIAMS | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 4756 BROMPTON DRIVE | |
| CITY/ST/ZIP/CO: | VA BEACH, VA 23456 | |

| | | |
|-----------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | JOHN GLASS | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 4002 CHESAPEAKE AVENUE | |
| CITY/ST/ZIP/CO: | HAMPTON, VA 23669 | |

| | | |
|-----------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | David M Dale | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 3616 Ridgeway Terrace | |
| CITY/ST/ZIP/CO: | Falls Church, VA 22044 | |

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/ ROSETTA C BILLUPS | ROSETTA C BILLUPS, CHAIRMAN | 3/18/2013 |
| 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. | | |