

1.) CORPORATION NAME: <b>CONCEPT DEVELOPMENT CORPORATION</b>	DUE DATE: <b>7/31/2012</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>WILLIAM T. WAUGH 207 EATON COURT GREAT FALLS, VA 22066-4146</b>	SCC ID NO: <b>02896462</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED				
COMMON	100				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 207 EATON CT  CITY/ST/ZIP: GREAT FALLS, VA 22066-4146	
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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: WILLIAM T WAUGH TITLE: PRESIDENT ADDRESS: 207 EATON CT CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-4146	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: KATHLEEN LEONARD TITLE: VICE PRESIDENT ADDRESS: 5082 QUEENS WOOD DR CITY/ST/ZIP/CO: BURKE, VA 22015	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: NANCY M WAUGH TITLE: SECRETARY ADDRESS: 207 EATON CT CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-4146	<input checked="" 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 T WAUGH	WILLIAM T WAUGH, PRESIDENT	7/16/2012
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.