

1.) CORPORATION NAME:

ENSIBS CORPORATION

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT E. SEVILA
30 NORTH KING STREET
P. O. BOX 678**

SCC ID NO: **02992683**

LEESBURG, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 534 Memorial Hwy

CITY/ST/ZIP: Fleetwood, PA 19522

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:	BRUCE ENGEN	
TITLE:	PRESIDENT	
ADDRESS:	PO BOX 124	
CITY/ST/ZIP/CO:	PAEONIAN SPRINGS, VA 20129	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SHARON OVERTON	
TITLE:	VICE PRESIDENT	
ADDRESS:	530 MEMORIAL HWY	
CITY/ST/ZIP/CO:	FLEETWOOD, PA 19522	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ESTHER M. WOLCOTT	
TITLE:	S/T	
ADDRESS:	534 MEMORIAL HWY	
CITY/ST/ZIP/CO:	FLEETWOOD, PA 19522	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DWIGHT ENGEN	
TITLE:	DIRECTOR	
ADDRESS:	22099 WATER RUN COURT	
CITY/ST/ZIP/CO:	ASHBURN, VA 20148	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GREG WELBORN	
TITLE:	DIRECTOR	
ADDRESS:	9570 ROBINSON FARM RD	
CITY/ST/ZIP/CO:	OOLTEWAH, TN 37363	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Starla M Overton	
TITLE:	DIRECTOR	
ADDRESS:	530 Memorial Hwy	
CITY/ST/ZIP/CO:	Fleetwood, PA 19522	

NAME: Heather A Barcelow TITLE: DIRECTOR ADDRESS: 6686 Vermont Rt 14 CITY/ST/ZIP/CO: South Royalton, VT 05068	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ryan G Wellborn TITLE: DIRECTOR ADDRESS: 9570 Robinson Farm Rd CITY/ST/ZIP/CO: Ooltewah, TN 37363	<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/ BRUCE ENGEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRUCE ENGEN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/26/2014 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.		