

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: | 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: | 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: | STARLA M OVERTON | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 530 MEMORIAL HWY | |
| CITY/ST/ZIP/CO: | FLEETWOOD, PA 19522 | |

| | | |
|---|----------------------------------|--|
| NAME: GREGG WELLBORN TITLE: DIRECTOR ADDRESS: 9570 ROBINSON FARM RD CITY/ST/ZIP/CO: OOLTEWAH, TN 37363 | <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 | BRUCE ENGEN, PRESIDENT | 1/26/2014 |
| 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.