

1.) CORPORATION NAME: MACVICAR DESIGN AND COMMUNICATIONS, INC.	DUE DATE: 5/31/2016				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JAMIE F. MACVICAR 3361 LAKESIDE VIEW DRIVE FALLS CHURCH, VA	SCC ID NO: 03033883				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FALLS CHURCH CITY (FILED IN ARLINGTON COUNTY)	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>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3361 LAKESIDE VIEW DRIVE

CITY/ST/ZIP: FALLS CHURCH, VA 22041

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: JAMIE F MACVICAR TITLE: PRESIDENT ADDRESS: 3361 LAKESIDE VIEW DRIVE CITY/ST/ZIP/CO: FALLS CHURCH, VA 22041	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MIL MACVICAR TITLE: SECRETARY ADDRESS: 13317 BEA KAY DRIVE CITY/ST/ZIP/CO: SILVER SPRINGS, MD 20904	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: BRIEN BENSON TITLE: DIRECTOR ADDRESS: 821 WOLFE ST CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<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/ JAMIE F MACVICAR	JAMIE F MACVICAR, PRESIDENT	3/24/2016
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.