

1.) CORPORATION NAME:

DUE DATE: **6/30/2012**

**FGM, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **03050077**

**SCOTT A GESSAY  
12021 SUNSET HILLS RD STE 400  
RESTON, VA 20190**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	5,000,000
COMBNV	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12021 SUNSET HILLS ROAD  
STE 400

CITY/ST/ZIP: RESTON, VA 20190

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:	SCOTT A GESSAY	
TITLE:	PRESIDENT	
ADDRESS:	12021 SUNSET HILLS ROAD	
	STE 400	
CITY/ST/ZIP/CO:	RESTON, VA 20190	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Peter LaMontagne	
TITLE:	CEO	
ADDRESS:	1945 Old Gallows Road	
	Suite 300	
CITY/ST/ZIP/CO:	Vienna, VA 22182	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	David Wodlinger	
TITLE:	SECRETARY	
ADDRESS:	1945 Old Gallows Raod	
	Suite 300	
CITY/ST/ZIP/CO:	Vienna, VA 22182	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Michael Lustbader	
TITLE:	VICE PRESIDENT	
ADDRESS:	1945 Old Gallows Road	
	Suite 300	
CITY/ST/ZIP/CO:	Vienna, VA 22182	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Alan Broder	
TITLE:	CHAIRMAN	
ADDRESS:	1945 Old Gallows Road	
	Suite 300	
CITY/ST/ZIP/CO:	Vienna, VA 22182	

NAME:	Jeffrey Freed	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1945 Old Gallows Road		
	Suite 300		
CITY/ST/ZIP/CO:	Vienna, VA 22182		

NAME:	Robert Gelbard	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1945 Old Gallows Road		
	Suite 300		
CITY/ST/ZIP/CO:	Vienna, VA 22182		

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/ SCOTT A GESSAY	SCOTT A GESSAY, PRESIDENT	6/26/2012
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.