

1.) CORPORATION NAME:

**FGM, Inc.**

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER, 16TH FLOOR  
1111 EAST MAIN STREET**

SCC ID NO: **03050077**

**RICHMOND, VA**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

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.

NAME:	SCOTT A GESSAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	12021 SUNSET HILLS ROAD		
	STE 400		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME:	MICHAEL LUSTBADER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1945 OLD GALLOWS ROAD		
	SUITE 300		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		

NAME:	ALAN BRODER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1945 OLD GALLOWS ROAD		
	SUITE 300		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		

NAME:	PETER LAMONTAGNE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	1945 OLD GALLOWS ROAD		
	SUITE 300		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		

NAME:	DAVID WODLINGER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1945 OLD GALLOWS RAOD		
	SUITE 300		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY FREED DIRECTOR 1945 OLD GALLOWS ROAD SUITE 300 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT GELBARD DIRECTOR 1945 OLD GALLOWS ROAD SUITE 300 VIENNA, VA 22182	<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/ SCOTT A GESSAY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SCOTT A GESSAY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/7/2013 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.			