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|--|---|
| 1.) CORPORATION NAME:<br><b>MERCATUS CENTER, INC.</b>  | DUE DATE: <b>8/31/2015</b>  |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>GARY D LEFF<br/>3301 N FAIRFAX DR STE 450<br/>ARLINGTON, VA</b> | SCC ID NO: <b>03081049</b>  |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>ARLINGTON COUNTY</b>   | 5.) STOCK INFORMATION<br>CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>  |   |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3434 WASHINGTON BLVD  
4TH FLOOR

CITY/ST/ZIP: ARLINGTON, VA 22201

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: GARY LEFF                     | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: TREASURER                    |                                     |         |                          |          |
| ADDRESS: 3301 N FAIRFAX DRIVE #450  |                                     |         |                          |          |
| CITY/ST/ZIP/CO: ARLINGTON, VA 22201 |                                     |         |                          |          |

|  |                                     |         |                                     |          |
|--|-------------------------------------|---------|-------------------------------------|----------|
| NAME: TYLER COWEN                                | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: CHAIRMAN                                  |                                     |         |                                     |          |
| ADDRESS: 3434 WASHINGTON BLVD                    |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: 4TH FLOOR<br>ARLINGTON, VA 22201 |                                     |         |                                     |          |

|  |                                     |         |                          |          |
|--|-------------------------------------|---------|--------------------------|----------|
| NAME: BRIAN HOOKS                              | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: COO                                     |                                     |         |                          |          |
| ADDRESS: 3301 N FAIRFAX DR                     |                                     |         |                          |          |
| CITY/ST/ZIP/CO: STE 450<br>ARLINGTON, VA 22201 |                                     |         |                          |          |

|                                      |                          |         |                                     |          |
|--------------------------------------|--------------------------|---------|-------------------------------------|----------|
| NAME: RICHARD H FINK                 | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR                      |                          |         |                                     |          |
| ADDRESS: 655 15TH ST NW STE 445      |                          |         |                                     |          |
| CITY/ST/ZIP/CO: WASHINGTON, DC 20005 |                          |         |                                     |          |

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/ GARY LEFF                                       | GARY LEFF, TREASURER             | 12/29/2015 |
| 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.