

<p>1.) CORPORATION NAME: LLOYD'S HEATING & AIR CONDITIONING INCORPORATED</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CLYDE O LLOYD P.O. BOX 1098 HALIFAX, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HALIFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p>	<p>DUE DATE: 8/31/2014</p> <p>SCC ID NO: 03084233</p> <p>5.) STOCK INFORMATION</p> <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>500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	500
CLASS	AUTHORIZED				
COMMON	500				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 120 HOUSTON ST
PO BOX 1098

CITY/ST/ZIP: HALIFAX, VA 24558

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: CLYDE O LLOYD		
TITLE: PRESIDENT		
ADDRESS: PO BOX 1098		
CITY/ST/ZIP/CO: HALIFAX, VA 24558		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BONNIE M LLOYD		
TITLE: SECRETARY/TREAS		
ADDRESS: P.O. BOX 1098		
CITY/ST/ZIP/CO: HALIFAX, VA 24558		

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/ BONNIE M LLOYD	BONNIE M LLOYD, SECRETARY/TREAS	6/18/2014
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.