

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	215515419				
1.) CORPORATION NAME: <b>FACILITIES DEVELOPMENT CORPORATION</b>		DUE DATE: <b>10/31/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>DAVID L. FREDERICK 1980 ISAAC NEWTON SQUARE RESTON, VA</b>		SCC ID NO: <b>03106515</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b>		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: <b>VA</b>						
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 1980 ISAAC NEWTON SQ  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: DAVID L FREDERICK TITLE: PRESIDENT ADDRESS: 11775 HOLLYVIEW DR CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: PATRICIA A FREDERICK TITLE: TREASURER ADDRESS: 11775 HOLLYVIEW DR CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input checked="" type="checkbox"/> OFFICER	<input 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/ DAVID L FREDERICK	DAVID L FREDERICK, PRESIDENT	4/22/2015				
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.						