

1.) CORPORATION NAME: PUMPELLY CAPITAL INVESTMENT, INC.	DUE DATE: 12/31/2012						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: THOMAS F. PUMPELLY 8214 LAZY POINT LANE MASON NECK, VA	SCC ID NO: 03142023						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMAV</td> <td style="text-align: center;">1,000</td> </tr> <tr> <td>COMBNV</td> <td style="text-align: center;">100</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMAV	1,000	COMBNV	100
CLASS	AUTHORIZED						
COMAV	1,000						
COMBNV	100						
4.) STATE OR COUNTRY OF INCORPORATION: VA							

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8214 LAZY POINT LANE CITY/ST/ZIP: MASON NECK, VA 22079	
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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: THOMAS PUMPELLY TITLE: P/CO-OWNER ADDRESS: 8214 LAZY POINT LN CITY/ST/ZIP/CO: MASON NECK, VA 22079	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: JAMIE L. PUMPELLY TITLE: VP/CO-OWNER ADDRESS: 8214 LAZY POINT LANE CITY/ST/ZIP/CO: MASON NECK, VA 22079	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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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/ JAMIE L. PUMPELLY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMIE L. PUMPELLY, VP/CO-OWNER PRINTED NAME AND CORPORATE TITLE	7/27/2013 DATE
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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.