

1.) CORPORATION NAME: **CITIZENS UNITED** DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **WILLIAM J OLSON**  
**370 MAPLE AVE W STE 4**  
**VIENNA, VA** SCC ID NO: **03295664**

5.) STOCK INFORMATION  

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**VA**

6.) PRINCIPAL OFFICE ADDRESS:  
 ADDRESS: 1006 PENNSYLVANIA AVENUE, SE  
 CITY/ST/ZIP: WASHINGTON, DC 20003

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 N BOSSIE TITLE: PRES/DIR ADDRESS: 1006 PENNSYLVANIA AVE SE CITY/ST/ZIP/CO: WASHINGTON, DC 20003	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
----------------------------------------------------------------------------------------------------------------------	---------------------------------------------	----------------------------------------------

NAME: MICHAEL BOOS TITLE: VP/SECRETARY ADDRESS: 1006 PENNSYLVANIA AVE SE CITY/ST/ZIP/CO: WASHINGTON, DC 20003	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
------------------------------------------------------------------------------------------------------------------------	---------------------------------------------	-----------------------------------

NAME: BRIAN BERRY TITLE: DIRECTOR ADDRESS: 10707 BULL RIDGE DRIVE CITY/ST/ZIP/CO: AUSTIN, TX 78759	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
-------------------------------------------------------------------------------------------------------------	----------------------------------	----------------------------------------------

NAME: RONALD E ROBINSON TITLE: DIRECTOR ADDRESS: 110 ELDEN STREET CITY/ST/ZIP/CO: HERNDON, VA 20170	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--------------------------------------------------------------------------------------------------------------	----------------------------------	----------------------------------------------

NAME: KIRBY WILBUR TITLE: SECRETARY ADDRESS: 13411 78th Place, NE CITY/ST/ZIP/CO: Kirkland, WA 98034	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---------------------------------------------------------------------------------------------------------------	---------------------------------------------	----------------------------------------------

NAME: John Bliss TITLE: DIRECTOR ADDRESS: 730 Hawthorn Ave CITY/ST/ZIP/CO: Boulder, CO 80304	<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/ MICHAEL BOOS	MICHAEL BOOS, VP/SECRETARY	2/28/2014
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.		