

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213510554

1.) CORPORATION NAME:

**Holmes-Tucker International, Inc.**

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BENNETT L STEIN  
724 THIMBLE SHOALS BLVD, STE 100  
NEWPORT NEWS, VA 23606**

SCC ID NO: **03368289**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**NEWPORT NEWS CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 21789 N. CORAL DR  
STE 1B

CITY/ST/ZIP: LEXINGTON PARK, MD 20653

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 type="checkbox"/>	DIRECTOR
NAME:	ROBERT R PASTUSEK				
TITLE:	PRESIDENT				
ADDRESS:	2342 S QUEEN STREET				
CITY/ST/ZIP/CO:	ARLINGTON, VA 22202				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	GEORGE GUETHLEIN				
TITLE:	SECRETARY				
ADDRESS:	5245 LONG BEACH ROAD				
CITY/ST/ZIP/CO:	SAINT LEONARD, MD 20685				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	DOROTHY HAMMOND				
TITLE:	OFFICER				
ADDRESS:	18240 OARLOCK LANE				
CITY/ST/ZIP/CO:	VALLEY LEE, MD 20692				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	MARK KILCHENMANN				
TITLE:	OFFICER				
ADDRESS:	3975 WILLIAMS WHARF ROAD				
CITY/ST/ZIP/CO:	SAINT LEONARD, MD 20685				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	KEN THETFORD				
TITLE:	OFFICER				
ADDRESS:	9019 MARITIME COURT				
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22153				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	CHRIS LIVERMAN				
TITLE:	DIRECTOR				
ADDRESS:	822 DAWSON CIRCLE				
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23322				

NAME: SCOTT WHITE TITLE: DIRECTOR ADDRESS: 44001 SILVERWOOD LANE CITY/ST/ZIP/CO: CALIFORNIA, MD 20619	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN WIKTOREK TITLE: DIRECTOR ADDRESS: 558 SUMMIT RIDGE DRIVE CITY/ST/ZIP/CO: CHESAPEAKE, VA 23322	<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/ GEORGE GUETHLEIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GEORGE GUETHLEIN, SECRETARY PRINTED NAME AND CORPORATE TITLE	2/28/2013 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.		