

1.) CORPORATION NAME: AIR PLUS HEATING & AIR CONDITIONING, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: STEVE KARLSTROMER 109 TWIN LAKES DR FREDERICKSBURG, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FREDERICKSBURG CITY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 3/31/2014 SCC ID NO: 03369113 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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 109 TWIN LAKES DRIVE CITY/ST/ZIP: FREDERICKSBURG, VA 22401

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: STEVE KARLSTROMER TITLE: PRESIDENT ADDRESS: 109 TWIN LAKES DRIVE CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ROSE A KARLSTROMER TITLE: SECRETARY ADDRESS: 109 TWIN LAKES DR CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401	<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/ STEVE KARLSTROMER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVE KARLSTROMER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/7/2014 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.