

1.) CORPORATION NAME: MURPHY'S MECHANICAL SERVICE, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOHN P MURPHY 42766 EVENING BREEZE CT ASHBURN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 5/31/2014 SCC ID NO: 03402575 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>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 21750 RED RUM DR. SUITE 122 CITY/ST/ZIP: ASHBURN, VA 20147
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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.
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NAME: JOHN P MURPHY JR TITLE: PRESIDENT ADDRESS: 42766 EVENING BREEZE COURT CITY/ST/ZIP/CO: ASHBURN, VA 20148	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: KEVIN E MURPHY TITLE: VICE PRESIDENT ADDRESS: 25 GARFIELD DR CITY/ST/ZIP/CO: INWOOD, WV 25428	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: SHARON C MURPHY TITLE: TREASURER ADDRESS: 42766 EVENING BREEZE CT. CITY/ST/ZIP/CO: ASHBURN, VA 20148	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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/ JOHN P MURPHY JR	JOHN P MURPHY JR, PRESIDENT	7/7/2014
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.