

1.) CORPORATION NAME:

**EURO-COMPOSITES Corporation**

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**STEPHEN K LEWELLYN  
DAVIES BARRELL WILL ET AL  
122 WEST CAMERON ST / PO BOX 1147**

SCC ID NO: **03431079**

**CULPEPER, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CULPEPER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13213 AIRPARK DRIVE

CITY/ST/ZIP: ELKWOOD, VA 22718-1703

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:	ROLF M ALTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRMN/CEO		
ADDRESS:	36 RUE DE LA CHAPELLE		
CITY/ST/ZIP/CO:	, , null		
NAME:	MATTHEW B FLYER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/COO		
ADDRESS:	6317 VELVET PASS		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	SYLKE REINTJES HEIL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CIO/CTSO/SREXVP		
ADDRESS:	8075 SPERRYVILLE PIKE		
CITY/ST/ZIP/CO:	CULPEPER, VA 22701		
NAME:	ALOYSIUS HEIL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEN.EXEC VP/CTO		
ADDRESS:	8075 SPERRYVILLE PIKE		
CITY/ST/ZIP/CO:	CULPEPER, VA 22701		
NAME:	WILLIAM P JONES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP ENG.		
ADDRESS:	1117 KEARNES COURT		
CITY/ST/ZIP/CO:	CULPEPER, VA 22701		
NAME:	MARY-ANN ALTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO/VPAdmin/S/T		
ADDRESS:	2154 December Court		
CITY/ST/ZIP/CO:	Culpeper, VA 22701		

NAME:	BARRY MILLWARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP BUS. DEV.		
ADDRESS:	13213 AIRPARK DRIVE		
CITY/ST/ZIP/CO:	ELKWOOD, VA 22718		

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/ MATTHEW B FLYER	MATTHEW B FLYER, PRES/COO	4/23/2014
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.