

1.) CORPORATION NAME:

**POWER MONITORS, INC.**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JEFFERY G LENHART  
90 N MAIN STREET SUITE 201  
PO BOX 1287**

SCC ID NO: **03450947**

**HARRISONBURG, VA**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 5,000      |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HARRISONBURG CITY (FILED IN ROCKINGHAM COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 800 N MAIN ST

CITY/ST/ZIP: MT CRAWFORD, VA 22841

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:           | WALTER M CURT         | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | P/CEO                 |   |  |
| ADDRESS:        | 800 W MAIN ST         |   |  |
| CITY/ST/ZIP/CO: | MT CRAWFORD, VA 22841 |   |  |

|                 |                        |   |                                   |
|-----------------|------------------------|---|-----------------------------------|
| NAME:           | JEFFREY G LENHART      | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY              |   |                                   |
| ADDRESS:        | PO BOX 1287            |   |                                   |
| CITY/ST/ZIP/CO: | HARRISONBURG, VA 22803 |   |                                   |

|                 |                    |                                  |  |
|-----------------|--------------------|----------------------------------|--|
| NAME:           | PATRICK MCSWEENEY  | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR           |                                  |  |
| ADDRESS:        | 11 SOUTH 12TH ST   |                                  |  |
| CITY/ST/ZIP/CO: | RICHMOND, VA 23219 |                                  |  |

|                 |                        |                                  |  |
|-----------------|------------------------|----------------------------------|--|
| NAME:           | JAMES D MURRAY         | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR               |                                  |  |
| ADDRESS:        | 7401 VENICE ST         |                                  |  |
| CITY/ST/ZIP/CO: | FALLS CHURCH, VA 22043 |                                  |  |

|                 |                       |                                  |  |
|-----------------|-----------------------|----------------------------------|--|
| NAME:           | DENNIS ZIMMERMAN      | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR              |                                  |  |
| ADDRESS:        | 1852 AIRPORT RD       |                                  |  |
| CITY/ST/ZIP/CO: | BRIDGEWATER, VA 22812 |                                  |  |

|                 |                        |   |                                   |
|-----------------|------------------------|---|-----------------------------------|
| NAME:           | Christopher Mullins    | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT         |   |                                   |
| ADDRESS:        | 800 W. Main Street     |   |                                   |
| CITY/ST/ZIP/CO: | Mt. Crawford, VA 22841 |   |                                   |

|  |   |   |                                   |
|--|---|---|-----------------------------------|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | Arica Miller<br>TREASURER<br>800 W. Main Street<br>Mt. Crawford, VA 22841 | <input checked="" type="checkbox"/> OFFICER | <input 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/ WALTER M CURT  | WALTER M CURT, P/CEO  | 10/18/2013                                  |                                   |
| 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. |   |   |                                   |