

1.) CORPORATION NAME:

MCM INTERNATIONAL

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
DONALD R. LESLIE
10004 WARDS ROAD
PO BOX 497**

RUSTBURG, VA 24588

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CAMPBELL COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **11/30/2010**

SCC ID NO: **03496601**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 487

CITY/ST/ZIP: MONTGOMERYVILLE, PA 18936-0487

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:	SAMUEL FANG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	105 CARLISLE COURT		
CITY/ST/ZIP/CO:	LANSDALE, PA 19446-		
NAME:	DONALD LESLIE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	LESLIE & COMPANY PO BOX 497		
CITY/ST/ZIP/CO:	RUSTBURG, VA 24588-		
NAME:	HERMAN W PAUL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	9855 E IRVINGTON RD #58		
CITY/ST/ZIP/CO:	TUCSON, AZ 85730-		
NAME:	MR GEORGE COLLINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	522 LEWISBERRY ROAD		
CITY/ST/ZIP/CO:	NEW CUMBERLAND, PA 17070-		
NAME:	MARK YELLIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	35 HERITAGE LANE		
CITY/ST/ZIP/CO:	KENNEBUNK, ME 04043-		

NAME: DOUGLAS PORTER TITLE: SECRETARY ADDRESS: 246 BARRETT BLVD CITY/ST/ZIP/CO: NAPANEE, ONT KTRIG7-, CANADA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JAN COUDRIET TITLE: DIRECTOR ADDRESS: 68 BERTOLET SCHOOL ROAD CITY/ST/ZIP/CO: SPRING CITY, PA 19475-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ROBIN HORNER TITLE: DIRECTOR ADDRESS: 400A LYNN ROAD CITY/ST/ZIP/CO: BLOUNTVILLE, TN 37617-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: LEE BRUCKNER TITLE: DIRECTOR ADDRESS: 429 HAMPSTEAD SOUTH CITY/ST/ZIP/CO: ANTIOCH, TN 37013-2838	<input 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/ SAMUEL FANG	SAMUEL FANG, PRESIDENT	11/23/2010
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.