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| SCC eFile | 2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 216519216 | | | | |
| 1.) CORPORATION NAME: PIEDMONT GEOTECHNICAL, INC. | | DUE DATE: 6/30/2016 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DANIEL S. ROM 14735 WRIGHTS LANE WATERFORD, VA | | SCC ID NO: 03606159 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY | | 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>5,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 5,000 |
| CLASS | AUTHORIZED | | | | | |
| COMMON | 5,000 | | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: VA | | | | | | |
| 6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 14735 WRIGHTS LANE CITY/ST/ZIP: WATERFORD, VA 20197-1601 | | | | | | |
| 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: JULIA B ROM TITLE: P/S/T ADDRESS: 14735 WRIGHTS LANE CITY/ST/ZIP/CO: WATERFORD, VA 20197-1601 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | | |
| NAME: DANIEL S ROM TITLE: VICE PRESIDENT ADDRESS: 14735 WRIGHTS LANE CITY/ST/ZIP/CO: WATERFORD, VA 20197-1601 | <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/ JULIA B ROM | JULIA B ROM, P/S/T | 5/22/2016 | | | | |
| 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. | | | | | | |