

1.) CORPORATION NAME: CHF DEVELOPMENT COMPANY 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CATHERINE HARE FOLTZ 6029 REDWOOD LN ALEXANDRIA, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 8/31/2015 SCC ID NO: 03625688 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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 6029 REDWOOD LANE CITY/ST/ZIP: ALEXANDRIA, VA 22310
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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.

NAME: CATHERINE HARE FOLTZ TITLE: PRES/TREAS ADDRESS: 6029 REDWOOD LANE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22310	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: KARL FOLTZ TITLE: S/VP ADDRESS: 6029 REDWOOD LANE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22310	<input checked="" type="checkbox"/> OFFICER	<input 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/ CATHERINE HARE FOLTZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CATHERINE HARE FOLTZ, PRES/TREAS PRINTED NAME AND CORPORATE TITLE	8/31/2015 DATE
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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.