

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	214536988
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1.) CORPORATION NAME: <b>HALMOR CORPORATION</b>	DUE DATE: <b>9/30/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>LYNN M KACHEL 11297 WATKINS RD ROCKVILLE, VA</b>	SCC ID NO: <b>03642535</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b>	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>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1650 STATE FARM BLVD  
CITY/ST/ZIP: CHARLOTTESVILLE, VA 22911

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: SUSAN B MORRIS	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 1789 STONY POINT RD				
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911				

NAME: BERYL WILSON III	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: VICE PRESIDENT				
ADDRESS: 144 BELLE-GRENE DRIVE				
CITY/ST/ZIP/CO: FISHERSVILLE, VA 22939				

NAME: JULIE M BONISTALLI	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: T/CFO				
ADDRESS: 455 OAKS CIRCLE				
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901				

NAME: LYNN M KACHEL	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: SECRETARY				
ADDRESS: 11297 WATKINS RD				
CITY/ST/ZIP/CO: ROCKVILLE, VA 23146				

NAME: PRESTON E MORRIS, JR	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: CTO				
ADDRESS: 1650 STATE FARM BLVD				
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911				

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/ LYNN M KACHEL	LYNN M KACHEL, SECRETARY	7/27/2014
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.