

1.) CORPORATION NAME: WOODSIDE SERVICES, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JAMES A SEGALL 11848 ROCK LANDING RD STE 103 NEWPORT NEWS, VA 23606-4427 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NEWPORT NEWS CITY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 1/31/2013 SCC ID NO: 03696945 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				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 37 COLONIAL ACRES DRIVE

CITY/ST/ZIP: HAMPTON, VA 23664

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: MILDRED H CHRISTIANSEN TITLE: Secretary ADDRESS: 644 BRIARFIELD ROAD CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23605	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: EARL W CHRISTIANSEN, JR TITLE: VP/T ADDRESS: 37 COLONIAL ACRES DRIVE CITY/ST/ZIP/CO: HAMPTON, VA 23664	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: BARBARA A CHRISTIANSEN TITLE: PRESIDENT ADDRESS: 37 COLONIAL ACRES DRIVE CITY/ST/ZIP/CO: HAMPTON, VA 23664	<input checked="" 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/ BARBARA A CHRISTIANSEN	BARBARA A CHRISTIANSEN,	1/30/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.