

1.) CORPORATION NAME:

WETLAND STUDIES AND SOLUTIONS, INC.

DUE DATE: **10/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MICHAEL S ROLBAND
WETLAND STUDIES AND SOLUTIONS, INC.
5300 WELLINGTON BRANCH DR STE 100**

SCC ID NO: **03826229**

GAINESVILLE, VA 20155

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5300 WELLINGTON BRANCH DRIVE
STE 100

CITY/ST/ZIP: GAINESVILLE, VA 20155

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:	MICHAEL S ROLBAND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5300 WELLINGTON BRANCH DRIVE		
CITY/ST/ZIP/CO:	STE 100 GAINESVILLE, VA 20155		

NAME:	BRIAN M CHROMEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5300 WELLINGTON BRANCH DRIVE		
CITY/ST/ZIP/CO:	SUITE 100 GAINESVILLE, VA 20155		

NAME:	FRANK R GRAZIANO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5300 WELLINGTON BRANCH DRIVE		
CITY/ST/ZIP/CO:	SUITE 100 GAINESVILLE, VA 20155		

NAME:	MARK W HEADLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5300 WELLINGTON BRANCH DRIVE		
CITY/ST/ZIP/CO:	STE 100 GAINESVILLE, VA 20155		

NAME:	RICHARD P HUDSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5300 WELLINGTON BRANCH DRIVE		
CITY/ST/ZIP/CO:	SUITE 100 GAINESVILLE, VA 20155		

NAME: DANIEL C LUCEY TITLE: VICE PRESIDENT ADDRESS: 5300 WELLINGTON BRANCH DRIVE SUITE 100 CITY/ST/ZIP/CO: GAINESVILLE, VA 20155	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: KIMBERLY A. SNYDER TITLE: VICE PRESIDENT ADDRESS: 5300 WELLINGTON BRANCH DRIVE SUITE 100 CITY/ST/ZIP/CO: GAINESVILLE, VA 20155	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: LINDA M MOUNTEL TITLE: S/T ADDRESS: 5300 WELLINGTON BRANCH DRIVE STE 100 CITY/ST/ZIP/CO: GAINESVILLE, VA 20155	<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/ MICHAEL S ROLBAND SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL S ROLBAND, PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/23/2012 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.		