

1.) CORPORATION NAME:

**WETLAND STUDIES AND SOLUTIONS, INC.**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM  
4701 COX ROAD  
SUITE 285**

SCC ID NO: **03826229**

**GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO 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:	VP OF OPERATION		
ADDRESS:	5300 WELLINGTON BRANCH DRIVE		
CITY/ST/ZIP/CO:	STE 100 GAINESVILLE, VA 20155		

NAME:	BRENT R REPENNING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & GM		
ADDRESS:	1500 N. MANTUA STREET		
CITY/ST/ZIP/CO:	KENT, OH 44240		

NAME:	CHRISTOPHER J BAST	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1500 N. MANTUA STREET		
CITY/ST/ZIP/CO:	KENT, OH 44240		

NAME:	PATRICK M COVEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/COO		
ADDRESS:	1500 N. MANTUA STREET		
CITY/ST/ZIP/CO:	KENT, OH 44240		

NAME:	JOSEPH R PAUL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO/SEC		
ADDRESS:	1500 N. MANTUA STREET		
CITY/ST/ZIP/CO:	KENT, OH 44240		

NAME:	KARL J WARNKE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRMN/CEO/PRES		
ADDRESS:	1500 N. MANTUA STREET		
CITY/ST/ZIP/CO:	KENT, OH 44240		

NAME:	NICHOLAS R SUCIC	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CONTROLLER		
ADDRESS:	1500 N. MANTUA STREET		
CITY/ST/ZIP/CO:	KENT, OH 44240		

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.

<u>/s/ MICHAEL S ROLBAND</u>	<u>MICHAEL S ROLBAND, VP OF</u>	<u>6/12/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	OPERATION 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.