

1.) CORPORATION NAME: <b>JOHN MANSELL ASSOCIATES, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>JOHN M MANSELL 1093 LORAN CT GREAT FALLS, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	DUE DATE: <b>2/28/2014</b> SCC ID NO: <b>03885845</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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
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6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 1093 LORAN CT  CITY/ST/ZIP: GREAT FALLS, VA 22066-2616
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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: JOHN MANSELL TITLE: PRESIDENT ADDRESS: 1093 LORAN COURT CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-1533	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: ARLENE MANSELL TITLE: SEC/TREAS ADDRESS: 1093 LORAN DRIVE CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-2616	<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/ JOHN MANSELL	JOHN MANSELL, PRESIDENT	12/18/2013
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.