

SCC eFile

2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

215514071

1.) CORPORATION NAME:

**COMPUTING TECHNOLOGIES, INC.**

DUE DATE: **4/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **03917861**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3028 JAVIER ROAD  
SUITE 500

CITY/ST/ZIP: FAIRFAX, VA 22031

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:	MANUEL SOSA JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	511 HARBOR DRIVE		
CITY/ST/ZIP/CO:	BELLEAIR BEACH, FL 33786		

NAME:	JAMES F GILL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	16646 IVY LAKE DR.		
CITY/ST/ZIP/CO:	ODESSA, FL 33556		

NAME:	DAVID L NEAULT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9739 FOX CHAPEL RD.		
CITY/ST/ZIP/CO:	TAMPA, FL 33647		

NAME:	JOSEPH E ROMERO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	18 FIREBERRY BLVD.		
CITY/ST/ZIP/CO:	STAFFORD, VA 22554		

NAME:	DAVID TURNBULL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	13631 CHESTNUT RIDGE CT		
CITY/ST/ZIP/CO:	HAYMARKET, VA 20169		

NAME:	ANN MARIE GILLIKIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	9511 EVERGREEN CIRCLE		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22407		

NAME:	MARY POLSTON SOSA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	11602 FAIRFAX MEADOWS CIRCLE		
CITY/ST/ZIP/CO:	#16106 FAIRFAX, VA 22030		

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/ ANN MARIE GILLIKIN	ANN MARIE GILLIKIN,	4/14/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER 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.