

1.) CORPORATION NAME:

**AVIATION FACILITIES COMPANY, INC.**

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CHARLES V STIPANCIC JR  
45025 AVIATION DRIVE  
SUITE 100**

SCC ID NO: **03929874**

**DULLES, VA**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 10,000     |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**LOUDOUN COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 45025 AVIATION DRIVE  
SUITE 100

CITY/ST/ZIP: DULLES, VA 20166

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:           | CHARLES STIPANCIC JR          | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | PRES/CEO                      |   |                                   |
| ADDRESS:        | 45025 AVIATION DRIVE          |   |                                   |
| CITY/ST/ZIP/CO: | SUITE 100<br>DULLES, VA 20166 |   |                                   |

|                 |                               |   |                                   |
|-----------------|-------------------------------|---|-----------------------------------|
| NAME:           | DANIEL S UNGERLEIDER          | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | EXEC VP                       |   |                                   |
| ADDRESS:        | 45025 AVIATION DRIVE          |   |                                   |
| CITY/ST/ZIP/CO: | SUITE 100<br>DULLES, VA 20166 |   |                                   |

|                 |                               |   |                                   |
|-----------------|-------------------------------|---|-----------------------------------|
| NAME:           | SUZANNE L SMITH               | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY                     |   |                                   |
| ADDRESS:        | 45025 AVIATION DRIVE          |   |                                   |
| CITY/ST/ZIP/CO: | SUITE 100<br>DULLES, VA 20166 |   |                                   |

|                 |   |                                  |  |
|-----------------|---|----------------------------------|--|
| NAME:           | RAYMOND HUMISTON                            | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | CHAIRMAN                                    |                                  |  |
| ADDRESS:        | PO BOX 10                                   |                                  |  |
| CITY/ST/ZIP/CO: | 6131 GORDONSVILLE ROAD<br>KESWICK, VA 22947 |                                  |  |

|                 |                             |                                  |  |
|-----------------|-----------------------------|----------------------------------|--|
| NAME:           | FRANCIS X CHAMBERS JR       | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                    |                                  |  |
| ADDRESS:        | 5440 N AVENIDA DE LA COLINA |                                  |  |
| CITY/ST/ZIP/CO: | TUCSON, AZ 85749            |                                  |  |

|  |   |                   |
|--|---|-------------------|
| NAME: G T HALPIN<br>TITLE: DIRECTOR<br>ADDRESS: 1600 ANDERSON ROAD<br>CITY/ST/ZIP/CO: MCLEAN, VA 22102   | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |                   |
| NAME: STEPHEN PEET<br>TITLE: DIRECTOR<br>ADDRESS: 10 HUCKLEBERRY HILL ROAD<br>CITY/ST/ZIP/CO: NEW CANAAN, CT 06840   | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |                   |
| NAME: MORRIS SACHS<br>TITLE: DIRECTOR<br>ADDRESS: 34 SIMMONS LANE<br>CITY/ST/ZIP/CO: GREENWICH, CT 06830   | <input type="checkbox"/> OFFICER <input checked="" 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/ SUZANNE L SMITH<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT   | SUZANNE L SMITH, SECRETARY<br>PRINTED NAME AND CORPORATE TITLE                | 3/26/2014<br>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. |   |                   |