

1.) CORPORATION NAME: <b>AMM ENTERPRISES INC.</b>	DUE DATE: <b>2/28/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>ADAM M. MALINOWSKI 5646 Independence Circle Alexandria, VA</b>	SCC ID NO: <b>04045910</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</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>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 5646 INDEPENDENCE CIRCLE  CITY/ST/ZIP: ALEXANDRIA, VA 22312	
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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.

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ADAM M MALINOWSKI				
TITLE: PRESIDENT				
ADDRESS: 5646 INDEPENDENCE CIRCLE				
CITY/ST/ZIP/CO: ALEX, VA 22312				

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TRACI J FREDERICK				
TITLE: VICE PRESIDENT				
ADDRESS: 10207 BATTLEFIELD DR				
CITY/ST/ZIP/CO: MANASSAS, VA 20110				

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/ ADAM M MALINOWSKI	ADAM M MALINOWSKI, PRESIDENT	2/24/2014
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.