

1.) CORPORATION NAME:

**WRAMC US TOO, Inc.**

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**VINCENT P MCDONALD  
8661 CHASE GLEN CIRCLE  
FAIRFAX STATION, VA 22039**

SCC ID NO: **04120226**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8661 CHASE GLEN CIRCLE

CITY/ST/ZIP: FAIRFAX STATION, VA 22039

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: VINCENT P MCDONALD TITLE: P/AT ADDRESS: 8661 CHASE GLEN CIR CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EDWARD WATLING TITLE: SECRETARY ADDRESS: 6034 CHESTERBROOK RD CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KENNETH SIMMONS TITLE: DIRECTOR ADDRESS: 1706 MAPLE HILL PLACE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22302	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT BUTTERWORTH TITLE: DIRECTOR ADDRESS: 3007 PHYLLMAR PLACE CITY/ST/ZIP/CO: OAKTON, VA 22124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES PADGETT TITLE: DIRECTOR ADDRESS: 111 QUAIN T ACRES DRIVE CITY/ST/ZIP/CO: SILVER SPRING, MD 20904	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RAY WALSH TITLE: DIRECTOR ADDRESS: 4320 FOREST HILL DRIVE CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: DON WILLIFORD TITLE: DIRECTOR ADDRESS: 7909 ASHFORD BLVD CITY/ST/ZIP/CO: LAUREL, MD 20707	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL PAUSIC TITLE: DIRECTOR ADDRESS: 13224 DANANGELO DRIVE CITY/ST/ZIP/CO: BOWIE, MD 20721	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES COLLINS TITLE: DIRECTOR ADDRESS: 10438 WATERFOWL TERRACE CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BEN HAWLEY TITLE: DIRECTOR ADDRESS: 3721 FERRARA DRIVE CITY/ST/ZIP/CO: SILVER SPRING, MD 20906	<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/ VINCENT P MCDONALD	VINCENT P MCDONALD, P/AT	7/24/2012
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.		