

1.) CORPORATION NAME:

WRNMMC US TOO, Inc.

DUE DATE: **7/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES E. THOMPSON
2190 OBERLIN DRIVE
WOODBIDGE, VA**

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: 2190 OBERLIN DRIVE

CITY/ST/ZIP: WOODBRIDGE, VA 22191-5914

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:	JAMES E. THOMPSON	
TITLE:	PRESIDENT	
ADDRESS:	2190 OBERLIN DRIVE	
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22191-5914	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES COLLINS	
TITLE:	TREASURER	
ADDRESS:	10438 WATERFOWL TERRACE	
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	VINCENT P MCDONALD	
TITLE:	SECRETARY	
ADDRESS:	8661 CHASE GLEN CIR	
CITY/ST/ZIP/CO:	FAIRFAX STATION, VA 22039	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID BERTRAND	
TITLE:	DIRECTOR	
ADDRESS:	9521 LYRA COURT DRIVE	
CITY/ST/ZIP/CO:	BURKE, VA 22015	

	<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:	BEN HAWLEY	
TITLE:	DIRECTOR	
ADDRESS:	3721 FERRARA DRIVE	
CITY/ST/ZIP/CO:	SILVER SPRING, MD 20906	

NAME: JAMES PADGETT TITLE: DIRECTOR ADDRESS: 111 QUAIN ACRES DRIVE CITY/ST/ZIP/CO: SILVER SPRING, MD 20904	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL PAUSIC TITLE: DIRECTOR ADDRESS: 13224 DANGELO DRIVE CITY/ST/ZIP/CO: BOWIE, MD 20721	<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
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/ JAMES E. THOMPSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES E. THOMPSON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/25/2015 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.		