

1.) CORPORATION NAME: Compu'Counts Consulting, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: R. CRAWFORD CARLSON 6174 Darleon Place Alexandria, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 9/30/2013 SCC ID NO: 04150074 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				

6.) PRINCIPAL OFFICE ADDRESS:
ADDRESS: 6174 DARLEON PL CITY/ST/ZIP: ALEXANDRIA, VA 22310-2434

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: R CRAWFORD CARLSON TITLE: PRESIDENT ADDRESS: 6174 DARLEON PL CITY/ST/ZIP/CO: ALEX, VA 22310-2434		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER R CARLSON TITLE: TREASURER ADDRESS: 6174 DARLEON PL CITY/ST/ZIP/CO: ALEXANDRIA, VA 22310-2434		

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/ R CRAWFORD CARLSON	R CRAWFORD CARLSON, PRESIDENT	9/9/2013
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.