

1.) CORPORATION NAME: Stoneking/von Storch Architects, Inc.	DUE DATE: 12/31/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: STEPHEN VON STORCH 300 WEST MAIN ST STE 103 CHARLOTTESVILLE, VA	SCC ID NO: 04198578				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHARLOTTESVILLE CITY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </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: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 107 5TH ST SE SUITE B CITY/ST/ZIP: CHARLOTTESVILLE, VA 22902	
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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: STEPHEN VON STORCH		
TITLE: P/S		
ADDRESS: 250 CHESTNUT OAK LANE		
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL STONEKING		
TITLE: VP/S		
ADDRESS: 1003 WINTERGREEN LANE		
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903		

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/ STEPHEN VON STORCH	STEPHEN VON STORCH, P/S	1/31/2015
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.