

1.) CORPORATION NAME: <b>11872 SUNRISE VALLEY DRIVE, INC.</b>	DUE DATE: <b>3/31/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>ROBERT W. REINECKE 11872 SUNRISE VALLEY DRIVE RESTON, VA</b>	SCC ID NO: <b>04242434</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> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMV</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMV	1,000
CLASS	AUTHORIZED				
COMV	1,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 11872 SUNRISE VALLEY DR. NO. 201  CITY/ST/ZIP: RESTON, VA 20191	
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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: SANDRA L REINECKE TITLE: PRESIDENT ADDRESS: 11872 SUNRISE VALLEY DRIVE SUITE 201 CITY/ST/ZIP/CO: RESTON, VA 20191		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT W. REINECKE TITLE: DIRECTOR ADDRESS: 11872 SUNRISE VALLEY DR., STE. 201 CITY/ST/ZIP/CO: RESTON, VA 22091		

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/ SANDRA L REINECKE	SANDRA L REINECKE, PRESIDENT	3/26/2014
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.