

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	214535989				
1.) CORPORATION NAME: <b>FINANCIAL SERVICES CONSULTANTS INC.</b>		DUE DATE: <b>6/30/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>F NEAL THOMPSON 4827 CEDAR BRANCH CT GLEN ALLEN, VA</b>		SCC ID NO: <b>04291886</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>		5.) STOCK INFORMATION <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMA</td> <td>25,000</td> </tr> </table>	CLASS	AUTHORIZED	COMA	25,000
CLASS	AUTHORIZED					
COMA	25,000					
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>						
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: PO BOX 29634  CITY/ST/ZIP: RICHMOND, VA 23242-0634						
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: NEAL THOMPSON TITLE: PRESIDENT ADDRESS: 4827 CEDAR BRANCH COURT CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: SHARON THOMPSON TITLE: DIRECTOR ADDRESS: 4827 CEDAR BRANCH COURT CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<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/ NEAL THOMPSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NEAL THOMPSON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/19/2014 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.						