

1.) CORPORATION NAME: <b>E SQUARED, INC.</b>	DUE DATE: <b>11/30/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>LINDA L. ELLENWOOD          22 OLD BANKS DR.          FREDERICKSBURG, VA</b>	SCC ID NO: <b>04369997</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>STAFFORD COUNTY</b>	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>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED				
COMMON	100				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 22 OLD BANKS DR  CITY/ST/ZIP: FREDERICKSBURG, VA 22406	
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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.

NAME: JEFFREY L ELLENWOOD TITLE: PRESIDENT ADDRESS: 22 OLD BANKS DRIVE CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22406	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: LINDA L. ELLENWOOD TITLE: SECRETARY ADDRESS: 22 OLD BANKS DR CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22406	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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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/ LINDA L. ELLENWOOD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LINDA L. ELLENWOOD, SECRETARY PRINTED NAME AND CORPORATE TITLE	12/1/2014 DATE
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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.