

1.) CORPORATION NAME:

**BOWMAN CONSULTING GROUP, LTD.**

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT A HICKEY  
3863 CENTERVIEW DR STE 300  
CHANTILLY, VA**

SCC ID NO: **04481982**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	360,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3863 CENTERVIEW DRIVE  
SUITE 300

CITY/ST/ZIP: CHANTILLY, VA 20151

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:	GARY P. BOWMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3863 CENTERVIEW DRIVE SUITE 300 CHANTILLY, VA 20151		
CITY/ST/ZIP/CO:			
NAME:	MICHAEL BIRKLAND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3863 CENTERVIEW DRIVE SUITE 300 CHANTILLY, VA 20151		
CITY/ST/ZIP/CO:			
NAME:	MICHAEL G BRUEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/ASST.SEC/DIR		
ADDRESS:	3863 CENTERVIEW DRIVE SUITE 300 CHANTILLY, VA 20151		
CITY/ST/ZIP/CO:			
NAME:	DON DILLON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1295 W. WASHINGTON ST. SUITE 108 TEMPE, AZ 85281		
CITY/ST/ZIP/CO:			
NAME:	PATRICIA HOLLAR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3863 CENTERVIEW DRIVE SUITE 300 CHANTILLY, VA 20151		
CITY/ST/ZIP/CO:			

NAME: ROBERT A. HICKEY TITLE: SECY/TREAS/DIR ADDRESS: 3863 CENTERVIEW DRIVE, STE.300 CITY/ST/ZIP/CO: CHANTILLY, VA 20151	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: FERUZ NATHANI TITLE: DIRECTOR ADDRESS: 180 N. STETSON AVE CITY/ST/ZIP/CO: SUITE 1500 CHICAGO, IL 60601	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RICHARD T. CREECH TITLE: DIRECTOR ADDRESS: 7881 SW ELLIPSE WAY CITY/ST/ZIP/CO: STUART, FL 34997	<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/ ROBERT A. HICKEY _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT A. HICKEY, SECY/TREAS/DIR _____ PRINTED NAME AND CORPORATE TITLE	4/30/2014 _____ 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.		