

1.) CORPORATION NAME: ATLANTIC TOWER CORPORATION 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: GEORGE N. CONDYLES, IV 6260 Pine Slash Road Mechanicsville, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 6/30/2014 SCC ID NO: 04484325 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>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				

6.) PRINCIPAL OFFICE ADDRESS:
ADDRESS: 6260 PINE SLASH ROAD CITY/ST/ZIP: MECHANICSVILLE, VA 23116

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: HARRIET R CONDYLES TITLE: DIRECTOR ADDRESS: 6260 PINE SLASH RD CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23116-5472		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE N CONDYLES IV TITLE: DIRECTOR ADDRESS: 6260 PINE SLASH RD CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23116-5472		

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/ HARRIET R CONDYLES	HARRIET R CONDYLES, DIRECTOR	6/6/2014
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.