

<p>1.) CORPORATION NAME: <b>VIRGINIA ACCIDENT RECONSTRUCTION AND ANALYSIS, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>TIMOTHY B HYLAND 1818 LIBRARY ST STE 500 RESTON, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b></p>	<p>DUE DATE: <b>8/31/2015</b></p> <p>SCC ID NO: <b>04510855</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="padding-left: 40px;">ADDRESS: 6635 Shalestone Court</p> <p style="padding-left: 40px;">CITY/ST/ZIP: Clifton, VA 20124</p>
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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.

<p>NAME: MARK S CULIN</p> <p>TITLE: PRESIDENT</p> <p>ADDRESS: 14300 GRAINERY RD</p> <p>CITY/ST/ZIP/CO: CENTREVILLE, VA 20121</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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/ MARK S CULIN	MARK S CULIN, PRESIDENT	9/21/2015
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.