

1.) CORPORATION NAME:

CAMG-B, Incorporated

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**VINCENT S GALLO
863 GLENROCK RD STE 200
NORFOLK, VA**

SCC ID NO: **04596227**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

NORFOLK CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 863 GLENROCK ROAD
STE 200

CITY/ST/ZIP: NORFOLK, VA 23502

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:	WILL DEWES	
TITLE:	PRESIDENT	
ADDRESS:	863 GLENROCK ROAD	
CITY/ST/ZIP/CO:	NORFOLK, VA 23502	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GORDON SAFFOLD	
TITLE:	VICE PRESIDENT	
ADDRESS:	863 GLENROCK ROAD	
CITY/ST/ZIP/CO:	STE 200 NORFOLK, VA 23502	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	VINCENT S GALLO	
TITLE:	CEO	
ADDRESS:	863 GLENROCK ROAD	
CITY/ST/ZIP/CO:	STE 200 NORFOLK, VA 23502	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SUSAN D HENSON	
TITLE:	SECRETARY	
ADDRESS:	863 GLENROCK ROAD	
CITY/ST/ZIP/CO:	STE 200 NORFOLK, VA 23502	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	REGINA ARTZ	
TITLE:	DIRECTOR	
ADDRESS:	863 GLENROCK ROAD	
CITY/ST/ZIP/CO:	SUITE 200 NORFOLK, VA 23503	

NAME: JC KREIDEL TITLE: DIRECTOR ADDRESS: 863 GLENROCK ROAD SUITE 200 CITY/ST/ZIP/CO: NORFOLK, VA 23503	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: EDWARD MILLER TITLE: DIRECTOR ADDRESS: 863 GLENROCK ROAD SUITE 200 CITY/ST/ZIP/CO: NORFOLK, VA 23503	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Robin Estes TITLE: DIRECTOR ADDRESS: 863 GLENROCK ROAD SUITE 200 CITY/ST/ZIP/CO: NORFOLK, VA 23502	<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/ VINCENT S GALLO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VINCENT S GALLO, CEO PRINTED NAME AND CORPORATE TITLE	4/22/2014 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.		