

1.) CORPORATION NAME: <b>MDR SPECIALTY DISTRIBUTION CORP.</b>	DUE DATE: <b>9/30/2013</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>JAMES C SMITH JR 101 MILL RD STE B YORKTOWN, VA</b>	SCC ID NO: <b>04722385</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>YORK 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>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: P O BOX 208  CITY/ST/ZIP: WILLIAMSBURG, VA 23187
--

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: HERBERT A TOMS III TITLE: P/S/T/DIRECTOR ADDRESS: PO BOX 208 CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23187	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVID PATRICK LONG TITLE: VICE PRESIDENT ADDRESS: 121 BRENTWOOD COURT CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23185	<input checked="" 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/ HERBERT A TOMS III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HERBERT A TOMS III, P/S/T/DIRECTOR PRINTED NAME AND CORPORATE TITLE	8/3/2013 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.