

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	215502539
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1.) CORPORATION NAME: <b>The Signature Group, Inc.</b>	DUE DATE: <b>1/31/2015</b>						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>MICHAEL C PERDUE 8229 BOONE BLVD #820 VIENNA, VA</b>	SCC ID NO: <b>04786877</b>						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b>	5.) STOCK INFORMATION						
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>15,000,000</td> </tr> <tr> <td>PREFER</td> <td>5,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	15,000,000	PREFER	5,000,000
CLASS	AUTHORIZED						
COMMON	15,000,000						
PREFER	5,000,000						

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8229 BOONE BLVD SUITE 820

CITY/ST/ZIP: VIENNA, VA 22182

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: MICHAEL C PERDUE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: O/D			
ADDRESS: 2024 BEACON HEIGHTS DRIVE			
CITY/ST/ZIP/CO: RESTON, VA 20191			

NAME: RICHARD B WISHNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: CHAIRMAN			
ADDRESS: 1551 AWALT COURT			
CITY/ST/ZIP/CO: LOS ALTOS, CA 94024			

NAME: ALAN MENDELSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: DIRECTOR			
ADDRESS: 52 BERWYN RD			
CITY/ST/ZIP/CO: WEST HARTFORD, CT 06107			

NAME: THOMAS PERDUE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: DIRECTOR			
ADDRESS: 8802 SURREY COURT			
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309			

NAME: CASIMIR SKRZYPCZAK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: DIRECTOR			
ADDRESS: 90 OXFORD ROAD			
CITY/ST/ZIP/CO: ROCKVILLE CENTRE, NY 11570			

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/ MICHAEL C PERDUE	MICHAEL C PERDUE, O/D	1/15/2015
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.