

1.) CORPORATION NAME:

**OFF-CAMBER CRAWLERS, INCORPORATED FOUR
WHEELDRIVE CLUB**

DUE DATE: **4/30/2013**

SCC ID NO: **04825683**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PETER CONVERSE
81 PAYNES LANE
STAFFORD, VA**

5.) STOCK INFORMATION

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| CLASS | AUTHORIZED |
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

STAFFORD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 1314

CITY/ST/ZIP: SPRINGFIELD, VA 22151

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.

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|-----------------|----------------------|---|--|
| NAME: | SUZZY LEWIS | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | EX PRESIDENT | | |
| ADDRESS: | 9526 MOOREGATE COURT | | |
| CITY/ST/ZIP/CO: | LORTON, VA 22079 | | |

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|-----------------|----------------------|---|--|
| NAME: | CHARLES WOODS | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 9319 WITCH HAZEL WAY | | |
| CITY/ST/ZIP/CO: | MANASSAS, VA 20110 | | |

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|-----------------|----------------------|---|--|
| NAME: | SCOTT LELACHEUR | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 9526 MOOREGATE COURT | | |
| CITY/ST/ZIP/CO: | LORTON, VA 22079 | | |

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|-----------------|--------------------|---|--|
| NAME: | PETER CONVERSE | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 81 PAYNES LANE | | |
| CITY/ST/ZIP/CO: | STAFFORD, VA 22554 | | |

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|-----------------|--------------------|---|--|
| NAME: | MELISSA BURNS | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | PO BOX 637 | | |
| CITY/ST/ZIP/CO: | TRIANGLE, VA 22172 | | |

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/ PETER CONVERSE | PETER CONVERSE, TREASURER | 5/18/2013 |
| 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.