

1.) CORPORATION NAME: <b>CORPORATE RESULTS INC.</b>	DUE DATE: <b>4/30/2016</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>DAVID T BAKER 13800 COPPERMINE RD STE 410 HERNDON, VA</b>	SCC ID NO: <b>04838496</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX 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>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 13800 COPPERMINE ROAD SUITE 410  CITY/ST/ZIP: HERNDON, VA 20171	
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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.

NAME: WILLIAM R SCHAFFER TITLE: PRESIDENT ADDRESS: 43572 PABLO CREEK CT CITY/ST/ZIP/CO: ASHBURN, VA 20147	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: DAVID T BAKER TITLE: TREASURER ADDRESS: 11990 MARKET ST CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: PAUL D FAUSER TITLE: SECRETARY ADDRESS: 2727 ROBALEED WAY CITY/ST/ZIP/CO: HERNDON, VA 20171	<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/ DAVID T BAKER	DAVID T BAKER, TREASURER	2/20/2016
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.