

1.) CORPORATION NAME:

**ATLANTIC DIVING SUPPLY, INC.**

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LUKE HILLIER  
621 LYNNHAVEN PKWY STE 400  
VIRGINIA BEACH, VA**

SCC ID NO: **04908570**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 621 LYNNHAVEN PKWY  
STE 400

CITY/ST/ZIP: VIRGINIA BEACH, VA 23452

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:	JASON WALLACE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	621 LYNNHAVEN PARKWAY		
CITY/ST/ZIP/CO:	VA BEACH, VA 23452		

NAME:	CHARLES M SALLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	621 LYNNHAVEN PKWY		
CITY/ST/ZIP/CO:	STE 400 VIRGINIA BEACH, VA 23458		

NAME:	DANIEL J CLARKSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	621 LYNNHAVEN PKWY, STE 400		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23452		

NAME:	LUKE M HILLIER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/COB		
ADDRESS:	621 LYNNHAVEN PKWY, STE 400		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23452		

NAME:	CHARLES SALLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	621 LYNNHAVEN PKWY		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23452		

NAME:	ROBERT S LAROSE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	621 LYNNHAVEN PKWY		
CITY/ST/ZIP/CO:	STE 400 VIRGINIA BEACH, VA 23458		

NAME: Karan Rai TITLE: CFO ADDRESS: 621 Lynnhaven Parkway, Ste 400 CITY/ST/ZIP/CO: Virginia Beach, VA 23452	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Bruce Dressel TITLE: CSO ADDRESS: 621 Lynnhaven Parkway, Ste. 400 CITY/ST/ZIP/CO: Virginia Beach, VA 23452	<input checked="" type="checkbox"/> OFFICER	<input 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/ CHARLES M SALLE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLES M SALLE, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/6/2014 DATE
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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.