

1.) CORPORATION NAME: KROZAK INFORMATION TECHNOLOGIES, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BERNICE B ALLEN 122 JEFFERSON HWY LOUISA, VA 23093 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUISA COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 3/31/2012 SCC ID NO: 04998084 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				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 201 LINTON KNOLL CT CITY/ST/ZIP: SILVER SPRING, MD 20904

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: JENNIFER K KROZAK TITLE: PRESIDENT ADDRESS: 201 LINTON KNOLL CT CITY/ST/ZIP/CO: SILVER SPRING, MD 20904	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: JOSEPH K KROZAK TITLE: VICE PRESIDENT ADDRESS: 201 LINTON KNOLL CT CITY/ST/ZIP/CO: SILVER SPRING, MD 20904	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: BERNICE B ALLEN TITLE: DIRECTOR ADDRESS: 122 JEFFERSON HWY CITY/ST/ZIP/CO: LOUISA, VA 23093	<input 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/ JOSEPH K KROZAK	JOSEPH K KROZAK, VICE PRESIDENT	7/27/2012
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.