

<p>1.) CORPORATION NAME: CHANGE MANAGEMENT ASSOCIATES INTERNATIONAL, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOSEPH A SCLAFANI 6387 LAKEVIEW DR FALLS CHURCH, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p>	<p>DUE DATE: 2/29/2016</p> <p>SCC ID NO: 05169438</p> <p>5.) STOCK INFORMATION</p> <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>2,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	2,000
CLASS	AUTHORIZED				
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6387 LAKEVIEW DRIVE

CITY/ST/ZIP: FALLS CHURCH, VA 22041

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.

<p>NAME: JOSEPH A. SCLAFANI</p> <p>TITLE: PRESIDENT</p> <p>ADDRESS: 6387 LAKEVIEW DRIVE</p> <p>CITY/ST/ZIP/CO: FALLS CHURCH, VA 22041</p>	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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<p>NAME: ANNMARIE RUSSELL</p> <p>TITLE: DIRECTOR</p> <p>ADDRESS: 6387 LAKEVIEW DRIVE</p> <p>CITY/ST/ZIP/CO: FALLS CHURCH, VA 22041</p>	<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/ JOSEPH A. SCLAFANI	JOSEPH A. SCLAFANI,	1/4/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.